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N
R.N.
March, 1953

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● Pacquins Hand Cream was first made for doctors and nurses who give their hands so many scrubbings each day! Now Pacquins is used by more women than any other hand cream! For extra-dry skin, red label Pacquins — contains lanolin.

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R.N. Contents March, 1953

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CCA

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NBP

let's meet R.N. authors

Divisional secretary of the Trained Nurses Association of India and general secretary of the Catholic Hospitals' Association of India, Pakistan, Burma, and Ceylon, **Sister Mary Cyril, R.N.** is well acquainted with the area, well qualified to write the "Health Horoscope" on page 46. She is a member of the Society of Catholic Medical Missionaries.

Ira M. Altshuler, M.D., graduate of the University of Bern, Switzerland, Harvard and Michigan Medical Schools, is a Fellow of the American Psychiatric Association and a National Diplomate of Psychiatry. Director of Group and Music Therapy at Wayne County General Hospital, Eloise, Michigan, he is a member of the Executive and Research Committees of the National Association for Music Therapy, an honorary member of the Detroit Federation of Musicians. "How Music Helps the Mentally Ill," on page 28, is one of his numerous articles about music therapy and psychiatry.

One of three registered nurse sisters, **Ellen Spicer Simpson, R.N.,** received her training at Northeastern Hospital, Philadelphia, Pa. She studied Ward Management at the University of Pennsylvania, held a supervisory position at the same institution, and has done private duty nursing. Married, with two sons, she resides in Bucks County, Pa., where she obviously found prolific source material for "Mrs. Neighbor, R.N.," on page 50.

Evelyn T. Stotz, R.N., who tells us about "Then and Now," on page 32, is executive assistant national director of Nursing Services for the Blood Program of the American National Red Cross, assumed her present duties in August, 1947. A Navy nurse for five years, she was discharged from the service in 1947 with the rank of lieutenant commander. A native of St. Paul, Minn., Miss Stotz received her bachelor's degree from Hamline University in St. Paul, her M.S. from Yale.

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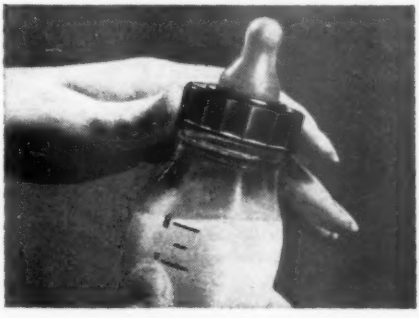

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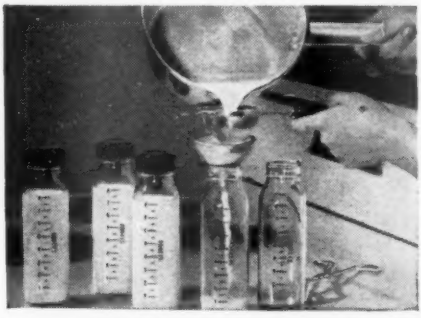

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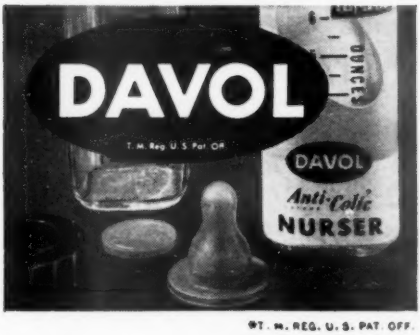

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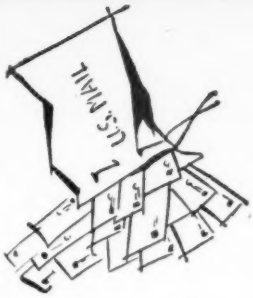

Debits and Credits

SMOKE-FILLED ROOMS

Dear Editor:

In spite of the fine efforts of our nursing leaders and program committees in acquainting us beforehand with what we are to discuss when attending educational meetings of our organizations, it is disconcerting to find that meetings scheduled as such turn out to be not only meetings, but—— "SMOKERS."

Perhaps it is a rarity today to be a non-smoker and in particular a non-smoking nurse, but is not the non-smoker entitled to attend meetings without fear of having her immediate environment pervaded with fumes irritating to nose, eyes, and to disposition as well? I have left many meetings before their termination, not because the speaker was not entertaining, (I think it quite rude to leave early except in emergency) but rather because I seem to be allergic to smoke-filled rooms.

Many of my nurse friends have told me that they don't go to conventions any more for this reason, and they agree that the local district and league meetings are much the same. Isn't it understandable that, just as the smoker enjoys smoking, the non-smoker may dislike becoming thoroughly saturated with smoke while attending nursing meetings? Surely some system could be worked out which would allow for the wishes of the two groups.

Couldn't we have a few meetings scheduled as "smokers" and others in which there would be no smoking and an occasional recess for those who just must have that cigarette? I sincerely believe that it may increase our attendance and membership, and also that it is more democratic as well to take into consideration the wishes of all nurses, even those in the minority.

ELIDA L. STEIN, R.N.
CHICAGO, ILL.

HYPO-CRITICAL

Dear Editor:

I have nursed a total of 52 years since graduation and I will vie with any younger nurse in using an intramuscular or hypodermic needle.

One elderly patient I had was certain his "allergy shots" that I gave would not react because he felt no pain when I gave them. It is not the age that is paramount—it is interest in your work that counts.

MARIE R. WILSON, R.N.
OAKLAND, CALIF.

° ° °

I should like some space in your valuable little magazine. Regarding the idea that a nurse over 40 does

not give a good hypo—in discussing this subject they never say why this should be so. Is it because her hands are not steady, she's been out of circulation, or her technique is passé? I wish to contradict the idea that this applies to every nurse over 40. I am over 40 and can give as good a hypo as any nurse *under* 40.

MARGARET NOLAN, R.N.
DALLAS, TEX.

COWS AIL, TOO

Dear Editor:

While I list myself as "inactive" I do not honestly feel so, since I am engaged in raising registered polled Hereford cattle, which means keeping up in every aspect of nursing except bedside manner. We give shots, treat feet, operate, give blood transfusions, saline and glucose. And obstetrics isn't neglected either. Nursing cows is physically much harder work than nursing people but it certainly has its merits, some of them being no complaining, no bells, no charts, no P.M. care for baths, and last, but not least, no bedpans. What with a home, family, and cows I feel my nursing career isn't suffering from lack of experience.

(MRS.) MARY LEONARD, R.N.
MCMINNVILLE, ORE.

NURSE ANESTHETISTS

Dear Editor:

May I compliment R.N. on the "R.N. Panel on Nurse Anesthetists" in the November, 1952, issue. Naturally, since I am a student in anes-

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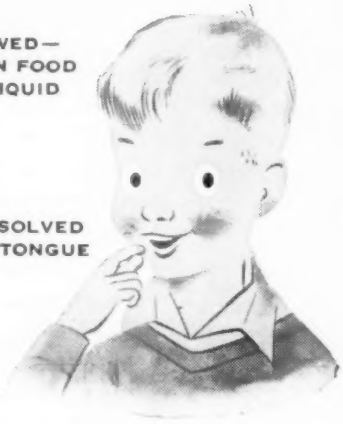

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thesia, it was the first article I read when I picked up the magazine. As I read over the questions and answers there were a few things which I as a student could add. I am convinced that I have found one of the most satisfying types of work a nurse can do. I was always interested in anesthesia but felt that it was a course which took more intelligence than I had, but after a few years of working as a general duty nurse, a private duty nurse, and head nurse, I found out that all that was really necessary was a good training in theory and practical experience in the field.

In reference to the question: "Do you find resentment on the part of the operating room staff to the nurse anesthetists?"—I have been told that there was quite a bit of f'·tion between operating room nurses (both graduate and student) and the anesthetists prior to my entry in the course. I don't see it so much now. It depends a lot on the individual nurse. Being thoughtful of your coworkers is a number one step in having harmony in the operating room.

When I was a student nurse from 1943-1946 nothing was ever said about anesthetists. We only knew that they were there to put the patient to sleep. We knew very little about explosive hazards in the operating room. We knew what was to be done pre-anesthesia and post-anesthesia, but not why we did it. That is why I fully agree that it would be beneficial to all nurse students and graduates to have a couple of class lectures so that they can better un-

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derstand the anesthetist and her work.

One of the chief requirements of anyone wishing to be an anesthetist is the ability to accept responsibility, to use good judgement, and to show consideration of others.

You asked, "Are the nurse anesthetists convinced themselves that the type of anesthesia that they administer and the methods of administration of anesthesia, are within the prerogative of the nurse?" My answer is, yes; a well trained nurse anesthetist is as capable of giving as good an anesthetic as any medical anesthetist is. The only difference, as I see it, is that we haven't the advanced education and, therefore, the responsibility for the patient receiving anesthesia from a nurse anesthetist has to be accepted by the surgeon. We have a school for medical anesthetists, also, at our hospital and I have had occasion to observe the abilities of both.

I rather disagree with Miss Aberg when she says, "We don't belong to the medical profession." Sure we do. Nurses are the co-workers of doctors; without us, the doctor in this present day and age would have a hard time taking care of his patients. The nurse herself is not indispensable but her job is.

VIVIAN M. KEENEY, R.N.
ST. LOUIS, MO.

* * *

I enjoyed the panel discussion in the November issue very much. I read it three times and each time found it more interesting in a differ-

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ent way than the first reading. Hope you have many such discussions.

MAUDE M. HARVEY, R.N.
OSHKOSH, WIS.

• • •

At present I am classified in the "inactive" status although I do try to help out in our hospital.

The article on nurse anesthetists interested me, and I thought all the points were well covered. Ever since I graduated in 1947, I've been wishing I might someday become a nurse anesthetist.

(MRS.) J. K. ELLINGSON, R.N.
HILLSBORO, N.D.

EFFICIENCY ISN'T ENOUGH

Dear Editor:

I am writing to find out whether other nurses will agree with these observations.

Over the period of years that I have been nursing I have noted that many efficient nurses, who do not fail to carry out every nursing procedure to the letter, will forget the value of a cheery smile or a personal interest in the patient. I have worked with nurses who were considered excellent nurses but who were so rude and unhappy that patients and co-workers did not particularly like having them around.

I don't feel there is any place for these ill-mannered nurses in positions where they actually have to come into contact with people. They should be given positions where they can operate via remote control.

(MRS.) HELEN MCCOMBS, R.N.
CORONA, N.Y.

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but Doctor says give her a sponge bath . . .
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RIASOL FOR PSORIASIS

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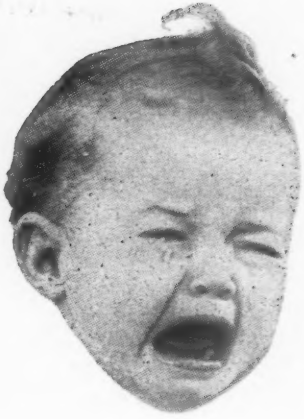
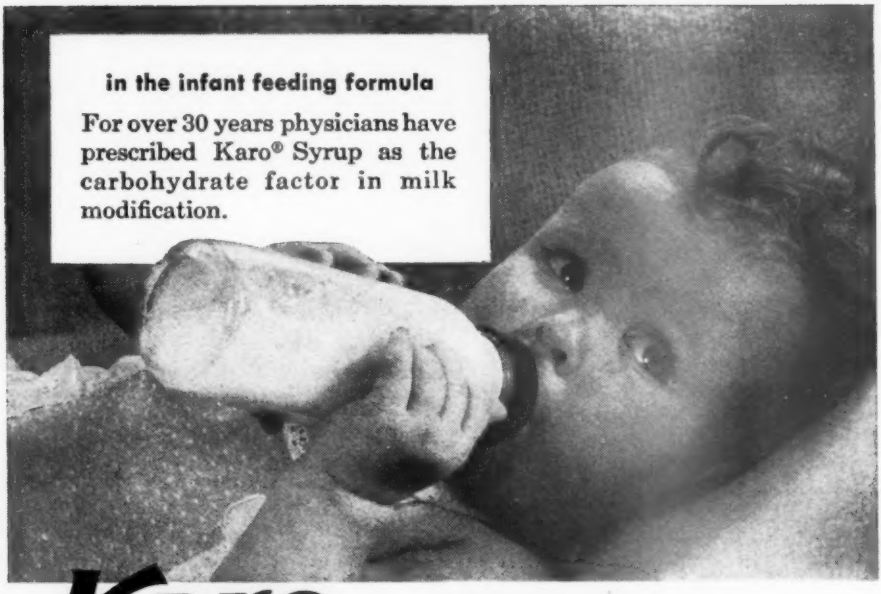


and this...

is often this...



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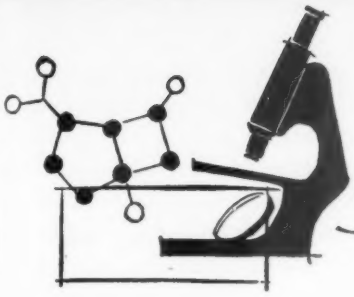

Science Shorts

Because syphilis is approaching theoretical extinction, the American Academy of Dermatology and Syphilology is considering dropping reference to the disease from its name. According to Dr. Theodore J. Bauer, chief of the Federal Security Agency's venereal disease division, infant deaths ascribed to syphilis have undergone an almost 92 per cent decline in the period from 1933-1950, and admissions to mental institutions because of syphilis were only 3 per 100,000 population in 1949 as compared to 6.1 in 1940. However, there are an estimated 2,100,000 cases of latent and late syphilis in the U.S. which must be discovered and treated if the present gradual decrease in the disease is to continue, Dr. Bauer warned.

*

One per cent to three per cent of all hospital admissions have unrecognized tuberculosis, Drs. Paul S. Phelps and Reginald C. Edson report in the May, 1952, Connecticut State Medical Journal.

*

Present medical knowledge can prevent deaths from plague, the WHO Expert Committee on Plague agrees. These experts report that through the use of antibiotic drugs such as streptomycin the mortality rate can be consistently cut to below 10 per cent of cases even in the pneumonic and septicemic types of plague formerly thought to be practically 100 per cent fatal. Sulfa drugs alone are satisfactory in uncomplicated cases of bubonic plague; and plague vaccines, new insecticides such as DDT, and the anti-coagulant rat poisons also play an important part in the fight against this disease, according to the Committee.

*

There are 200,000 to 300,000 chronic alcoholics in New York City, reports received by the committee on alcoholism of the Welfare and Health Council of New York City reveal.

*

Laboratory studies of the disinfection of oral thermometers, conducted by Lucille Sommermeyer and Martin Frobisher, Jr. and published in *Nursing Research,* stress the importance of wiping procedures prior to the disinfection of contaminated clinical thermometers. Data showed that thorough wiping with clean cotton wet with a solution of equal parts of 95 per cent ethyl alcohol and tincture of green soap was the most effective cleaning procedure. Following such cleansing, the immersion of the thermometer in 0.5 per cent to 1 per cent solutions of iodine in either 70 per cent ethyl

alcohol or 70 per cent isopropyl alcohol for 10 minutes reduced to a very low level the probability that viable pathogenic bacteria of the respiratory tract would remain on the thermometer. The researchers also found that aqueous iodine solutions, 70 per cent ethyl alcohol, and 70 per cent isopropyl alcohol were nearly as efficient as the alcoholic iodine solutions following an effective cleaning procedure.

*

With a yearly expenditure of $4 billion, hospitals are now the nation's fifth largest business.

*

The haphazard use of combinations of antibiotics may be less effective than the use of one such drug alone, the *JAMA* asserts. In a report to the Council on Pharmacy and Chemistry of the AMA, two San Francisco doctors divide the antibiotics into two groups; one group consists of penicillin, streptomycin, bacitracin, and neomycin while the second group includes aureomycin, chloramphenicol, terramycin, and possibly the sulfonamides. The report states that the combination of those drugs which are members of the same group may prove beneficial but that the combination of a drug in one group with a drug of the other group may limit the effectiveness of both drugs. It is emphasized that combinations of antibiotics should be used only if an organism proves resistant to a single antibiotic by laboratory test or by adequate therapeutic trial.

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One 8-oz. glass of orange juice t.i.d. provides approximately 300 mg. vitamin C. Other reasons for recommending citrus: it has a high potassium content; it helps to counteract the possible toxic effects of sulfa drugs; and it exerts a welcome energizing influence because of the quickly assimilable fruit sugars.

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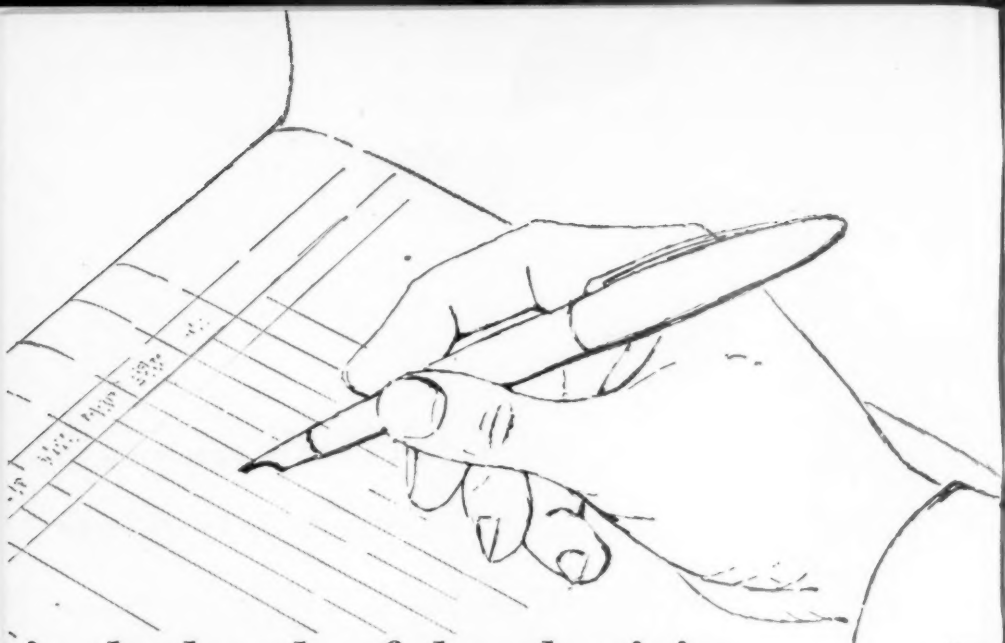

in the hands of the physician

Often the critical evaluation of the drug to be administered is as important to the patient's recovery as is the diagnosis of his condition. In each case correct procedures can be determined only by the physician.

CHLOROMYCETIN is eminent among drugs at the disposal of the medical profession. Clinical findings attest that, in the hands of the physician, this widely used, broad spectrum antibiotic has proved invaluable against a great variety of infectious disorders.

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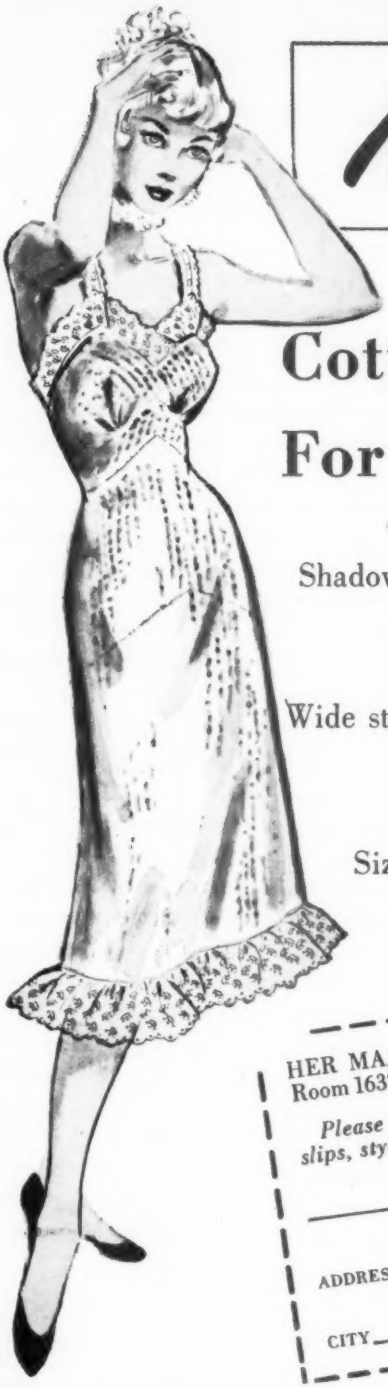

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R.N. speaks: BACK to the C

■ MORE AND MORE on our professional scene as we attempt to interest nurses in solving their own problems, we will be witnessing the cumulative evidence of the restoration of the old cracker barrel meetings. Group dynamics, group discussion, workshops, talk fests, or by any other phrase the erudite may label it, the technique remains the same—the same old cracker barrel technique that helped the citizens of this country to choose democratically their local dog catchers and their national presidents.

No matter what the term used, nor how embellished the technique, the purpose remains the same—to bring out ideas, to meld them with those of others, and to come up with conclusions that are of benefit to the group as a whole. Group dynamics or cracker barrel sessions—they both rest upon mutual respect for the opinions and the rights of others.

The purpose of the old crossroads-store cracker barrel meetings was not precisely to develop new ways of handling old problems, but its informal, equitable method is the soundest way that has been devised for utilizing the ideas that grow in our minds as we gain experience in handling life's problems.

Theoretically, group dynamics or workshop sessions are ideal vehicles for nurses to promote their active participation in problem solving. Unfortunately, however, nurses' preparation has patterned them to be "doers" not "debaters." The majority are not used to expressing themselves and commanding attention. The whole philosophy of nursing, until this era, has tended to suppress the individual, and elevate the position. So long as this philosophy prevails, nurses will never have much opportunity to express themselves with ease and confidence. They will never learn to weigh and sift ideas, and to integrate the best of the thinking of others with their own.

Considerable emphasis has been placed on group discussion techniques, but it must be continually reemphasized that techniques are the *machinery of the process*, not the process itself. Techniques may run from the simple to the complex, and also from the simple to the ridiculous.

CRACKER BARREL

They become ridiculous and useless when participants become so bogged down by the machinery that their fascination with the wheels makes them forget where they meant the wheels to take them.

Just as in the other arts, the art of discussion and the art of joint thinking have to be learned. It takes as much preparation and training to participate in conferences and group discussions as it does to learn any other productive process. To illustrate this point:

A private duty discussion group in a state decided to take a vote on whether the members approved the use of the practical nurse. They cited examples of shocking exploitation of both the patient and the practical nurse by hospital administrators. Their discussion leader literally pleaded with them not to approach the subject from the negative angle—for regardless of the number of resolutions that might be offered against the use of practical nurses, they are here to stay. The big problem the nurses were told is how to integrate them in a way that is fair to all and that recognizes the growing scope of nursing responsibilities. They must convince the hospital administrators of the merit of this. The group listened respectfully (though with irritation) then one nurse spoke up, "Your idea may be sound, but do you believe we could bring administrators into this kind of a group discussion and have them respect our suggestions?"

In this case the honest answer could only be, frankly, no. The private duty nurses in this example are not ready for joint participation even though the machinery is there to use. Before group dynamics techniques can ever produce results, there must first be developed in the conferees a receptive frame of mind. Until there has been much more give and take over the cracker barrel to allow new ideas to permanently replace old fixations neither this group nor the hospital administrators would be able to approach such a problem with the right attitudes at this stage of the process. It is only when these "right attitudes" are arrived at that there can be real accomplishment and integration in joint meetings.

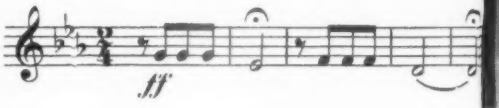
—ALICE R. CLARKE, R.N., EDITOR

HOW MUSIC HELPS THE MENTALLY ILL

by Ira M. Altshuler, M.D.

■ MUSIC IS the most ancient form of therapy. In its primitive beginnings "therapeutic" music was administered through the medium of the dance with the body serving as a musical instrument. It was also given in the form of incantation by ancient medicine men. Later on musical instruments appeared. The intent was either to scare away evil spirits or to lure or invoke supernatural powers to cure illness.

Although the modern concept of musicodynamics differs from that of the ancients, the motivation behind the two is the same. Both ancient and civilized peoples have intuitively felt the biological, social, esthetic, and spiritual powers of music. Tschaikovsky, the composer, observed that music rates higher than poetry in its capacity to appeal and "talk" to people. It is the language of the soul. Sidney Lanier, the American poet, observed that "Music takes up the thread that language drops."



The spoken word has two major ingredients—"meaning" and "sounding" (music). The meaning of words registers with the cerebral hemispheres, particularly the neopallium, or new brain, an outer layer not found in the brain of lower animals. The music of words registers first with the thalamus, a brain center located below the new or master brain. The thalamus is linked with the emotions and it is a relay station for all sensations (visual, tactile, olfactory,

gustatory, kinesthetic, and acoustic), emotions, and feelings. All three of these, in order to reach the master brain, must pass through the thalamus.

The Physiological Basis of Music

The physiology of the brain reveals that the master brain and thalamus, although providing quite different functions, are in intimate relationship with one another, being connected by numerous nerve fibers. A nerve impulse generated in the

thalamus immediately communicates itself to the master brain. Reaching it, it bounces back and forth, much like a ray of light trapped between two mirrors. This fact is important for it explains music's action upon human beings. Music (a combination of tone and rhythm) reaching the thalamus, an archaic center, is not involved in psychosis. Psychosis, however, affects the master brain. In schizophrenic and manic depressive patients, for instance, it is impossible to arouse the patient with words or psychotherapy because the master brain is affected. But we can still enter into it via the thalamus or the back door, because the patient, while not rational, is accessible at a more primitive level. Sending musical stimuli to the thalamus means also sending them to the master brain since both are so closely related functionally. Once in the back door, it is possible to get into the parlor. In bombarding the thalamus with musical stimuli one can finally bring about a response on the part of the master brain.

Spontaneous, automatic action of music upon mental patients can be easily observed on the ward. When a catatonic (schizophrenic) patient, oblivious to the world and unmindful of words, is exposed to music, a response can be seen either in the form of a mild sway of the body, drumming of a finger, or tapping of a foot. This "below awareness" response to music has been called the "thalamic reflex." Its presence is a sure sign that the patient is hearing the music although he may be entirely oblivious to other stimuli; this is further affirmed by the observation that if the music's tempo is changed, a corresponding change in the tap tempo is noticed. Thalamic responses evoked by special music thus help to arouse the patient's attention and bridge it to reality. When the patient's attention is gained through music one can proceed with psychotherapy. The drowning swimmer must first be

hauled out of the water before resuscitation can be applied.

Two Major Types of Reaction

There are two major types of reaction displayed by mental patients. One is the schizophrenic reaction—a complete or partial withdrawal from the outer world, accompanied by a state of inattention and incomprehension. The other type is a reaction encountered in manic depressive patients whose inattention and lack of comprehension is caused by their distractability and rapid flight of ideas. These prevent them from concentrating on and understanding the spoken word. These two types of psychosis can be *helped* by music. We emphasize the word "helped" since music is not a cure. It is merely an aid, and a preliminary to individual psychotherapy.

Music Therapy is Essentially a Group Approach

The values of music as an aid in therapy are numerous. Using group techniques one can reach many patients at once. Since music is not identified with medicine and is not an aggressive or painful agent, like electric shock therapy, it is readily accepted by all patients. It is a pleasant prescription.

To enhance the action of music upon the various patients a survey of the patients as to age, nationality, intelligence, type of psychosis, etc. is made. If, for instance, 50 per cent of the patients are Americans, musical selections will consist of American music, and the rest of the music will be made up according to the percentages of the other nationalities. The average age of the ward patients is also a valuable consideration. If the average age is forty-five years on a particular ward, the music selected will be thirty or forty years old—music which was heard by the patients when they were from five to fifteen years of age, since familiar tunes carry a greater appeal. A "Come on to My House," or "The Shrimp Boats Are Coming" may leave a patient of sixty years of age indifferent, while an old timer like "Beautiful Dreamer" or "Till We Meet Again," may arouse past sentiments and thus make an "opening."

In addition to arousing attention and prolonging its span, music can affect the mood and stimulate pictorially. It is also capable of arousing patients to a higher mental level, the level of mental associations. One must keep in mind, too, that music can exercise like action. For instance, the minor chords produce sadness; the major, gaiety; short musical stimuli followed by long ones stimulate to action and determination, as in the case of Beethoven's opening of the Fifth Symphony, "Faith knocks on the door." Ascending scales produce a feeling of rising and a tendency to make ascending movements. Variation in pitch and volume also affect the bearer.

Music—A Compound

Music is a compound. It is made up of structural elements which contain such constituents as pitch, rhythm, melody, tone color, etc. This holds good for any musical form, whether it is a march, an intermezzo, or a symphony. Some musical de-

signs such as marches contain more rhythm than melody, while in an intermezzo melody predominates. The predominance of one or another structural element in a musical design is of importance therapeutically. In general, marches, because of their predominance of rhythm, arouse the hearer on the instinctual level. Rhythm is useful in stimulating schizophrenic patients; while intermezzos are useful in arousing depressed patients.

In our work with music at Wayne County General Hospital in Eloise, Michigan, we have developed an approach which we named the "Iso" approach, or "Iso-Principle."* "Iso" means "equal" and consists of using music whose mood or tempo is equal to the mood or mental tempo of the patient. We have found that depressed patients, for instance, can be aroused more readily with sad than with gay music, possibly because it starts at their level. Maniacal patients, whose mental tempo is fast, can be aroused more readily with music in "allegro" (fast) than with music in "andante" (slow). The "brakes" can be applied as improvement takes place.

The Principle of Level Attack

We also introduced several years ago the so-called "Level Attack" approach. We begin with musical stimuli which appeal to the primitive level [*Continued on page* 70]

*The "Iso-Principle" is found described in detail in "Four Years Experience with Music as a Therapeutic Agent at Eloise Hospital," *American Journal of Psychiatry*, Vol. 100, No. 7, May, 1944.

Probie

"We need some musical therapy."

THEN & NOW

A Twelve-Year Story of Progress

■ THERE ARE some days you always remember. For some strange reason they keep cropping up, possibly because of a succession of circumstances, possibly because of a strong wish or a decision.

In this case the marker in my mind was an especially strong wish, a hope that seemed almost like dreaming at the time. Now, little more than a decade later, the dream is a reality.

It was in our hospital twelve years ago that a badly injured policeman's life was at a stake. Saline and glucose were helping to keep him alive, but speed in replacing lost blood was all-important. There were his fellow-officers—25 of them—wheeling up to the hospital entrance amid a great spluttering of motorcycles, every one ready and willing to be a donor. But to screen them, get the necessary laboratory work done, and then take the blood and give it, would require another two hours or more. Silently we wished for the impossible, as we had so many times before—for blood that would keep, a supply of it in all types, blood that had been tested

and typed and was ready to give.

Including donors, a minimum of 30 people were involved in obtaining two pints of blood. Precious time had to be spent in calling donors, readying equipment and supplies, and bringing two of the burliest would-be donors out of their own private faints during the procedure. Twenty-two of the donors had to be screened before two of the right group were found. We came near failing to make it in time, but make it we did, finally. How we *wished* for blood ready to give!

Contrast this picture with the present: a nurse or a laboratory technician in the hospital takes a bottle of blood of the patient's type from the refrigerator when the patient comes in, does a quick crossmatching with a specimen taken from the patient, then sees the doctor start the life-giving fluid flowing into the veins of the patient through a disposable plastic recipient set—all in less than 30 minutes. Three people, at most, are involved for 30 minutes.

Blood centers, with the best of supplies and equipment and staffed with qualified professional people, have become an efficient, mass-production ally of hospitals. The centers of the Red Cross Blood Program have grown to the point where they play a huge role in helping to meet the nation's blood needs. It is the largest single program of its type in the world. Besides making blood available to civilians as well as members of our armed forces, the program is a great laboratory for statistical research and information, which is important to medicine and public health. Another practical aspect of this program is that it provides an opportunity to develop and test the best, simplest, and most economical equipment, supplies, and techniques.

The evolution of the blood donor set alone during the past ten years is a story of endless research directed toward simplification, efficiency, and economy. Large gum-rubber tubing, with 15-gauge needles and screw clamps, was used during World War II. The gravity system was employed, and therefore airways also had to be prepared. Toward the end of the war the vacuum system was introduced, making it possible to do away with airways and to substitute 17-gauge venipuncture needles. Bottle needles remained the same. All the equipment was processed and reprocessed by the nurses in the centers, and the sets were assembled in groups of 10 or 12 in long, muslin-wrapped packages.

Several months after the end of the war, one laboratory developed a disposable set of fairly stiff plastic tubing with a gum-rubber insert for the clamp. This type of set had appeared before in small quantity, but cost too much for regular use, and

by Evelyn T. Stotz, R.N.

at the beginning of the present Red Cross program in 1948, was used rarely—in centers where water supply was faulty, sterile distilled water was difficult to obtain, sterilizing equipment was under repair, or there was a staff emergency shortage. Other laboratories produced similar items, developing a slightly smaller, much clearer, and more flexible type of tubing, which could be clamped off tightly and which required no rubber insert. Several other variations followed and, after testing, were used more and more widely in blood centers. Costs began to diminish and savings in staff time became more noticeable.

Finally, as the latest word, a tiny plastic set was evolved. The lumen of the tubing was approximately the size of the lumen of the 17-gauge needles. Designed for use under the vacuum system alone, both bottle and venipuncture needles could be 17-gauge. An ingenious combination slot-type metal device, which acted as a clamp for the tubing and a holder for the bottle-puncturing needle, completed the set. This set has now been in use for nearly two years in Red Cross centers throughout the country. Everything about it, except the clamp, is disposable. After the flow of blood is started, no shut-off is necessary since the size of the lumen controls the blood flow. Furthermore, the entire set takes up only one-eighth the amount of storage space of earlier sets.

Since the size of the Red Cross Blood Program makes it a valuable testing ground for many kinds of equipment, such testing is going on continually. If an item survives daily use and study, it has indeed earned its place in the sun. Then, too, if an item remains in constant use, it means dollars and cents economy. In four short years, for instance, the price of the disposable set alone has been reduced to approximately one-third of its original cost.

New methods of packing and carrying of special folding beds with permanently attached mattress pads, nurses' donor table equipment boxes, supply and portable refrigerator boxes, among other items, are constantly being tried out. Portable uniform screening equipment which can be set up anywhere is in process. Special racks which fasten to beds and are swung between them for supporting the nurses' donor table equipment boxes, (packed with supplies and, when opened, forming the nurses' worktables) are proving practical and economical of time and space. Special disposable lancets for hemoglobin determinations, and sterile, disposable procaine units of various types are in wide use. Lighter and better materials are being discovered almost monthly for use in manufacture of boxes, beds, and other equipment. Procedures for processing, packing, and handling of sterile materials are reaching finer and finer points of efficiency.

There is fascinating work ahead. Donors, volunteers, paid staff—all will play major roles in carrying out a great task, and the results will be written in terms of constantly increasing benefits for everyone.

PRE-TESTED by nurses

As many of you 8,678 registrants at last June's Biennial well know, enterprising makers of nurses' uniforms and personal grooming essentials were on hand to query you directly concerning your likes, dislikes, needs and expectations in the matter of on-duty apparel and other job-accouterments. On this and the next 3 pages are items you specified which, if nurses gave "Oscars," would certainly have your seal of approval now.

by Francia Hughes

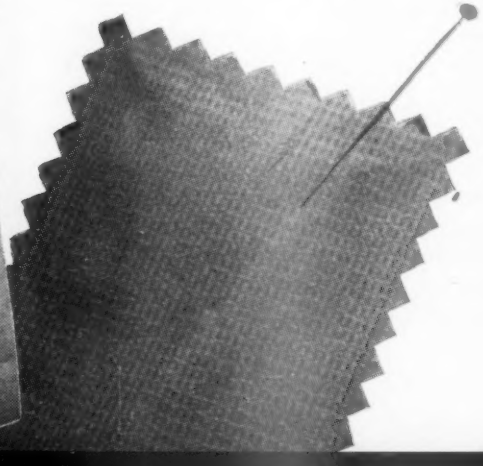
R.N.s specified the band-neck, French cuffs, inset-belt, deep slash-pockets and full, gathered skirt of Dix-Make's #261. $8 in Burton's Sanforized poplin; $15 in Nylon; sizes 10-20; 9-15.

Now! The snap-in-snap-out shoulder-pads you wanted, in Bob Evans' #3896, with tucked bib, inset-belt, 8-gore skirt with saddle pockets. Sanforized poplin, $8; Nylon, $15.

PRE-TESTED by nurses

That 5-button surgical sleeve and hidden scissors-pocket of Bruck's #5041 have forever endeared this Sanforized poplin uniform to discriminating R.N.s. Functional virtues include side gripper-fasteners. The little club-collar adds charm as well as chic. Sizes 12-18; 11-15. $10.50.

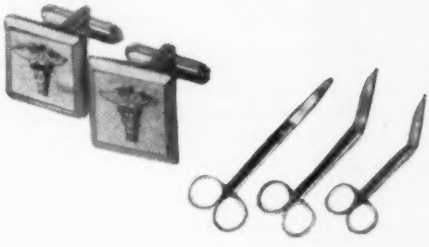
D'armigene's summer version of her highly successful maternity uniform is a command performance! The new one's in D'armalon (below), cool, sheer Nylon-and-Orlon-blend. Concealing front-panel expands to encompass two pleats and three hooks. D'armalon, $16.95; poplin, $9.95.



R.N.s. asked for, and Gilead made, a summery, no-iron, non-static cotton plisse version of their popular zip-front bra-top slip, to wear under strapless or scoop necklines as well as uniforms. $6.95; 32-38, A, B cups.

Tailored to your summer needs, Her Majesty's princess-slip of cotton plisse needn't be ironed; has shadow-panel for modesty; embroidered ruffles for beauty; adjustable shoulder-straps. $3, in sizes to 44.

To best-seller #297, with its curved yoke, convertible collar, push-up sleeves, inset belt and snap-fastened skirt, Preen added chic diagonal tucking; cuts it in sizes to 46 and for "Talls" too. Sanforized poplin, $6.98.

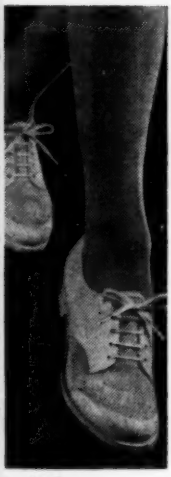


R.N.s prize these pearly caduceus-studded cuff-links, $2*; and find these scissors indispensable: 5½" blunt point; 4½" angular, $2.25 each**; 5½" angular, $2.50** all at Bruck Shops.

*($2.65 incl. tax and shipping)
**(plus 25c shipping charge)

For names of shops carrying items you want, write makers listed on page 100.

PRE-TESTED by nurses



Red Cross, $9.95

Joyce, $8.95

Clinic, $8.95

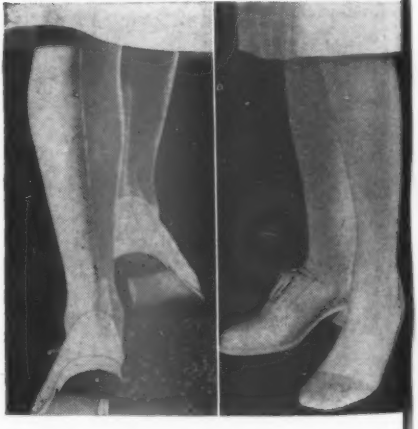
Haymaker, $14.95

Naturalizer, $8.95

Girdle-wise R.N.s achieve figure-support so vital to health as well as looks in Spencer's individually designed uplifters; witness girdle and bra left.

R.N.s who walk a marathon on duty, wear Bauer & Black's flesh-tinted Nylon elastic stockings under uniform whites to ease tired legs, varicose veins.

Because B-D makes Ace elastic stockings of lightweight Nylon-covered latex, R.N.s wear them without overhose, approve form-fit ankle, non-elastic toes



INDISPENSABLE TO PERSONAL DAINTINESS, COOL COMFORT

Trushay Frostilla Mum Veto Yodora

A Briefing on Birthmarks

by Herman Goodman, M.D.

■ BIRTHMARKS, contrary to popular opinion, need not be present at birth. A birthmark is a variation from the normal within the skin due to a cause which exists before the fixation of normal skin structure. The skin without discernible blemish at birth may have within itself the potentiality of future abnormality.

Many of the more common birthmarks are due to changes in the vascular system of the skin. There are two types of these changes; the purplish type which spreads across half the face, the greater part of the arm, or other large area, is called a port wine birthmark and appears at or very soon after birth. It may start as a small blemish which increases in area as the child develops.

Some part or all of the affected area may assume the character of the second type of vascular defect in which an enlargement, engorgement, or protrusion of the skin is almost entirely filled with blood vessels. This tumor form of blood vessel defect, when small, is known as a strawberry mark. It may occur at birth or not for some weeks or months afterward. The strawberry may enlarge in diameter or even disappear without treatment.

Another form of blood vessel defect is the spider birthmark in which a small, central, red spot is surrounded by capillaries much in the manner of the legs of a centipede about the body of the insect. These changes appear at any age. In childhood and youth, they appear on the nose or cheeks and, if associated with periodic nosebleed, it may be possible to trace a familial influence.

Fantastic stories have been told of the resemblance of birthmarks of the vascular type to events in the life of the expectant mother. Science does not support such stories.

Still another system within the skin subject to defect immediately or shortly after birth is the pigmentary system. In a very limited number of families no pigment whatsoever appears in the skin and hair or other organs such as the eyes. This birthmark is called albinism.

Increased collections of pigment in one or more areas of the skin may also appear at birth or shortly thereafter. Collections of pigment distributed widely over the body, with or without accompanying large single areas, are also family influenced birthmarks. In such cases, the collection of pigment may be very minute and may be mistaken for permanent freckling. Tremendous localized increases in pigment are associated with birthmarks of the vascular system. This leads to collective system birthmarks, port wine stain, tumified blood vessels, tumified lymphatic vessels, and huge collections of pigment.

All tissues [*Continued on page* 68]

Alcoholism

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■ ALCOHOLICS are not happy people. At best, they derive only a fleeting pleasure from drinking and this is usually followed by deep feelings of guilt and remorse. Fortunately, the general public is beginning to realize, as well as the medical and nursing professions, that the alcoholic suffers from a disease, just as do the victims of cancer or tuberculosis or diabetes. The old-fashioned attitude that the alcoholic is an unprincipled scoundrel who must be driven to reform by a series of tirades and self-righteous reproaches is on the wane —compassion is replacing censure in handling these sick individuals.

Contrary to popular opinion, all drinkers, even all heavy drinkers, are not alcoholics. The National Committee on Alcoholism states that the alcoholic "suffers from an ailment which compels him to drink to drunkenness again and again, although he may be fully aware that he is damaging himself physically, hurting his family, and ruining his business, and that drinking may actually interfere with his pleasures."*

Why is it that the alcoholic cannot drink in moderation? Why must he (or she for that matter) end up drunk every time he decides to enjoy a drink or two with friends? As yet no one knows the answers to

*Alton L. Blakeslee, *Alcoholism—A Sickness that can be Beaten* (New York: Public Affairs Committee, Inc. 1952) p. 3.

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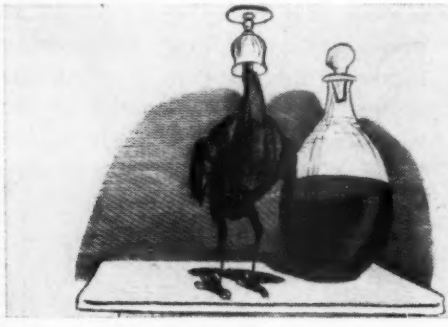

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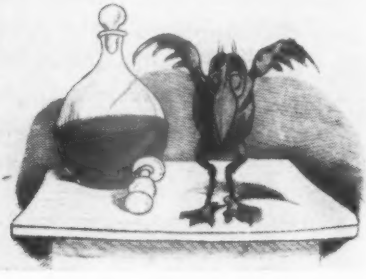

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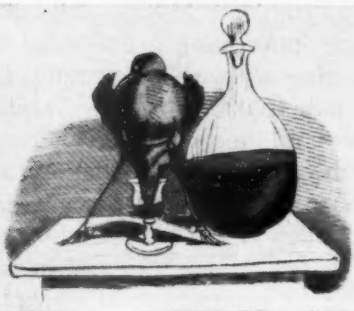

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Drawings by Wilhelm Busch

these questions, although there are many interesting theories. Both physiological and psychological factors appear to be involved, and, just as in the well-known riddle of the chicken and the egg, scientists are hard put to decide which of these comes first—which is the cause and which the effect. In fact, the interrelation is such that it is often difficult to make any very clear-cut differentiation between the physiological factors on the one hand and the psychological factors on the other. And in practically all cases both medical treatment and some form of psychotherapy are indicated.

Most people think that alcohol is a stimulant, and the sense of freedom and self-confidence which often follows a couple of drinks has helped to spread this false impression. Actually, alcohol acts first to depress the so-called higher centers of the cerebral cortex that control behavior. Release of the lower centers from this cortical inhibition is responsible for the drinker's "letting himself go." Next, the motor areas are affected resulting in irregularity of gait and lack of coordination. Finally, if the concentration of alcohol in the blood becomes high enough, stupor and even death, due to paralysis of the respiratory center may occur. Thus overdosage must be avoided if whisky or brandy are used to reflexly stimulate respiration by their local

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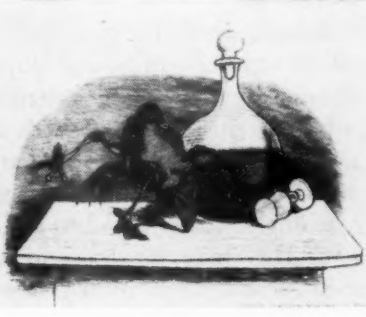


irritant action on the mucosa of the gastro-intestinal tract.

In the stuporous or comatose state of acute intoxication a combination insulin-glucose-thiamine therapy is often indicated. Apparently, rapid carbohydrate metabolism resulting from the simultaneous administration of insulin and glucose hastens the oxidation of alcohol and also assists the central nervous system in resisting the toxic effects of alcohol. The need for thiamine arises because of the role this vitamin plays in carbohydrate metabolism. As the caloric intake goes up, the need for thiamine increases proportionately. Since both alcohol and glucose provide calories but no thiamine, an adequate amount of this vitamin must be supplied. Inasmuch as hypoglycemia may develop of its own accord following the ingestion of alcohol, insulin is employed with the utmost caution, and opportunities for determining blood sugar and blood carbon dioxide must be available 24 hours a day. In severe cases of acute intoxication, oxygen, external heat, and caffeine in the form of black coffee enemas or caffeine sodium benzoate injections may be needed to combat coma, shock, and respiratory depression.

The chronic alcoholic may eventually show signs of mental and physical deterioration. Chronic gastritis and gastro-enteritis combined with a propensity on the part of the alcoholic to limit himself to a diet consisting mainly of alcohol lead to malnutrition. This may be seen in a variety of symptoms including neuritis, "beriberi" or "beer" heart, and personality changes which are thought to be due in some measure to an inadequate intake of B Complex vitamins such as thiamine, riboflavin, and nicotinic acid. In time, certain psychoses may develop such as Korsakoff's syndrome, acute hallucinosis, and delirium tremens. After several attacks of delirium tremens, a syndrome known as "wet brain" may result, and, at this point, the prognosis becomes grave.

Probably all nurses have witnessed attacks of delirium tremens since these attacks are often precipitated by injury or acute illness. In the days preceding the use of antibiotics, it was not at all uncommon for the already serious condition of certain pneumonia patients to be aggravated by an outbreak of "D.T's." Ordinarily, this condition, characterized by tremor, elevated temperature, delirium, and hallucinations, does not develop until after three or four years of chronic alcoholism. It is due to these hallucinations—mostly visual—in which the patient is likely to see strange animals moving about, that pink elephants came to be associated with excessive drinking. (The hallucinations of acute hallucinosis, on the contrary, are nearly always auditory, and panic the patient who may become suicidal in his fear of the accusing, voices which he hears.)

Various methods of treating delirium tremens have evolved through the years. To a great many nurses delirium tremens is often associated with the pervasive, distinctive odor of paraldehyde, a drug which is fre-

quently ordered to sedate the patient. Morphine and depressing hypnotics cannot be used for this purpose, although barbiturates such as amobarbital sodium may be given intravenously. Some authorities believe a lack of thiamine to be the underlying cause of this syndrome and, as in acute intoxication, employ insulin-glucose-thiamine therapy.

Endocrine therapy has emerged as a particularly effective method of treating both delirium tremens and acute alcoholic intoxication. Korsakoff's psychosis—characterized by amnesia, falsification of memory, and disorientation—and acute hallucinosis also seem to respond to this treatment which is predicated on the observation that, in acute alcoholic states, various metabolic processes regulated by means of the adrenal cortical hormones appear to be upset. Both adrenal cortex extract (ACE) and adrenocorticotropic hormone (ACTH) have been employed with success, but there is considerable debate as to whether the suspected adrenal cortical hypofunction is secondary to pituitary insufficiency or whether the disturbance originates in the adrenal cortex itself. ACTH, which is a pituitary hormone, stimulates the adrenal cortex.

Dr. James J. Smith of New York City, an authority on alcoholism, prefers ACE to ACTH in the treatment of acute alcoholic intoxication because of its more rapid sedative effect. He also recommends the concurrent use of ascorbic acid in this condition. In delirium tremens however, ACTH [*Continued on page* 74]

WIND SONG

I like the wind in the long slim grass
And the dimpling sound as it curtsies by;
Its fir tree breath up a canyon pass;
Its bellowing boom in a stormy sky.

I like the lift of a gusty gale;
Its rippling way with a field of wheat;
It's billowing bulge in a silken sail,
Its robust roar at the ocean's feet,—

And its sob through a willow bough, violined,—
You may quote me freely: I like the wind!

—Sylvia Storla Clarke, R.N.

Drug Digest

Adrenal Cortex Extract N.N.R.

(Adjunct in the treatment of alcoholism)

PRODUCT NAMES: Solution Adrenal Cortex Extract

PHARMACOLOGY: Adrenal cortex extract (ACE) is made from the adrenal glands of animals and contains cortical steroids needed to maintain life in animals whose adrenals have been removed. Similarities between alcoholism and endocrine deficiencies have led various researchers to postulate that impaired function of the adrenal cortex plays an important part in both the development of alcoholism and in its after-effects. This malfunction may, perhaps, be secondary to pituitary insufficiency. ACE is helpful in the treatment of alcoholics because it brings about a more normal metabolic state and also produces a feeling of euphoria in the patient. It has proved particularly valuable in the treatment of Korsakoff's psychosis and alcoholic hallucinosis.

DOSAGE: Treatment is usually tailored to the individual, and authorities differ somewhat in the regimens which they set up. A typical dosage schedule is that which consists of two to three 10 cc. doses of ACE intravenously in acute alcoholic states followed by divided doses of 5 to 15 cc. intramuscularly during the next 24 hours. When the acute symptoms have passed, 2 or 3 cc. of ACE are given intramuscularly daily for four to five days and then a maintenance dose of 2 cc. three times weekly is begun.

UNTOWARD ACTIONS: Allergic reactions from ACE are practically unknown but overdosage or continued administration of large doses may lead to an increase in blood volume and possibly hypertension.

Disulfiram

(Adjunct in the treatment of alcoholism)

PRODUCT NAMES: Antabuse

PHARMACOLOGY: Disulfiram (tetraethylthiuram disulfide or TETD) is used as an adjunct in the treatment of selected cases of alcoholism. The drug apparently interferes with the oxidation of alcohol by liver enzyme systems. As a result, within 5 to 15 minutes after the ingestion of alcohol, there is a marked rise in the acetaldehyde content of the blood and tissues. Acetaldehyde, a toxic product of the incomplete combustion of alcohol by the body, causes the signs and symptoms of illness that then occur. These include flushing, increased perspiration, dyspnea, an increased pulse rate, a fall in blood pressure, nausea and vomiting.

DOSAGE: Abstinence from alcohol is necessary for one week before medication with disulfiram. Not more than 0.5 Gm. of disulfiram is given daily for the first two or three weeks and it is advisable to limit the maintenance dosage to 0.25 Gm. daily. A "test" drink of 15 to 30 cc. of 100 proof whisky or its equivalent is usually administered at least 12 to 24 hours after the initiation of disulfiram therapy. However, it is preferable to allow two weeks to elapse before the "trial" drink is given.

UNTOWARD ACTIONS: Disulfiram is never given without the patient's knowledge and it must always be given under the supervision of a physician. Though the drug itself is of low toxicity in the recommended doses, it may cause severe reactions in some people after the ingestion of alcohol. Antihistaminics are indicated if skin eruptions appear, and the dose is reduced if drowsiness or a dulling of mental alertness develops. The drug should be used with caution, if at all, in the presence of psychoses, pregnancy, diabetes, goiter, epilepsy, liver disease, and nephritis, and is contra-indicated in coronary or myocardial disease.

Dextro-amphetamine Sulfate

(Adjunct in the treatment of alcoholism)

PRODUCT NAMES: Dexedrine Sulfate Elixir, Dexedrine Sulfate Powder, Dexedrine Sulfate Tablets, Dexedrine Spansules

PHARMACOLOGY: Dextro-amphetamine (d-amphetamine) sulfate is used as an adjunct in the treatment of alcoholism and is especially useful in the treatment of alcoholic depressive psychoses. It has also been employed to arouse individuals from acute alcoholic narcoses. A more potent cerebral stimulant than the racemic form of amphetamine, the drug helps decrease the patient's desire for alcohol by creating a slight euphoric feeling evidenced by increased mental activity and brighter spirits.

DOSAGE: The optimal adult dosage is determined by using 5 mg. as a starting dose and gradually increasing the amount until the desired effect is obtained. In alcoholism, 5 to 15 mg. of dextro-amphetamine sulfate daily are usually sufficient. The first dose is given to the patient upon awakening and subsequent doses (one or two) are given after meals to avoid interference with the appetite; the last dose should be given early enough not to hinder the patient's sleep. Dexedrine Spansules release dextro-amphetamine sulfate gradually in the body over an 8-10 hour period.

UNTOWARD ACTIONS: Although this drug causes less vasoconstriction than does racemic amphetamine, dextro-amphetamine sulfate must be used with great caution in the presence of markedly high blood pressure and in cases of coronary and cardiovascular disease, and it is contra-indicated in disturbed pre-psychotic states and in hyperexcitability. When used in the treatment of alcoholics, care must be taken to prevent the patient from becoming psychologically dependent upon the drug. Such dependency is rare, however.

Thiamine Hydrochloride U.S.P.

(Adjunct in the treatment of alcoholism)

PRODUCT NAMES: Tablets Thiamine Hydrochloride, Solution Thiamine Hydrochloride, Pulvoids Thiamine Hydrochloride, Powder Thiamine Hydrochloride—All N.N.R.

PHARMACOLOGY: Thiamine (Vitamin B_1), an important member of the Vitamin B Complex, plays an essential part in the intermediary carbohydrate metabolism of all living cells. Deficiency of thiamine leads to the development of beriberi—a disease characterized by symptoms such as neuritis, brain changes, and the cardiac condition known as "beriberi" or "beer" heart, which sometimes accompany alcoholism. In alcoholism, a major part of the patient's diet consists of alcohol and, therefore, such nutritional deficiencies are prone to develop. Some researchers believe that alcoholics require this vitamin as well as various other food elements in abnormally large amounts —the need varying with the individual. It is claimed that alcoholism will not develop if the nutritional needs are met.

DOSAGE: From 10 to 50 mg. of thiamine may be needed in the face of an existing thiamine deficiency although 5 mg. of this vitamin daily are considered enough to meet the normal requirements of the average adult. Thiamine is rapidly absorbed from the digestive tract and may be given orally except in acute conditions such as delirium tremens when parenteral administration may be advisable. Some authorities have advocated daily injections of 100 mg. or more in cases of alcoholic neuritis, acute alcoholic intoxication, and delirium tremens.

UNTOWARD ACTIONS: Toxic effects are very rare following the administration of thiamine. Practically all of the observed reactions have been of the anaphylactic variety and have resulted from the parenteral use of the vitamin.

Sister M. Cyril, R. N. superintendent of nurses at Holy Family Hospital, Patna, India, with her staff of native nurses. Right, Sister Cyril enrolls a Hindu girl in the school of nursing where some fifty students now receive training.

Health Horoscope of India

■ NO INDIAN horoscope need be consulted to know what diseases the Hindu deities will visit upon the people of Patna and the surrounding villages. The statistics at Patna's Holy Family Hospital, operated by the Medical Mission Sisters of Philadelphia, are a fairly good indication to the Sister-doctors and nurses of what the future holds. Year after year, the same physical plagues befall the population of Bihar, the most thickly settled and most backward province in all India. It is the preventable diseases, which need not occur, that will cause most of the suffering and most of the deaths.

The epidemics begin in July. Up until then, things go along quietly, for the hospital is not a popular place during the heat. Then the rains come, and the monsoon pours forth its torrents of water. The Ganges and its tributaries overflow their banks, contaminated water seeps into the wells, and cholera and the dysenteries appear. Inevitably, one of the villagers will be carried into the hospital prostrate and helpless. If he arrives early enough, in-

travenous saline will probably have him on his feet again in a few days. However, it will be only after a number of people from his village have come down with the same dread cholera that the water supply will be disinfected. To persuade the poor villagers to use precious fuel to boil their drinking water is asking something beyond their means. Cholera generally ends with the monsoon, but the germs of the dysenteries are everywhere so they go on and on. The disease most to be feared is typhoid.

A beautiful young Sikh girl recently died in the hospital, apparently of enteric fever. The cause of death could, perhaps, be diagnosed as starvation. To starve a fever is still the accepted treatment in India —the best physicians do it. As a result, when typhoid patients are finally brought into the hospital, they are so weak that there is no strength left to fight the disease. Many deaths could be prevented if proper nourishment had been given during the illness.

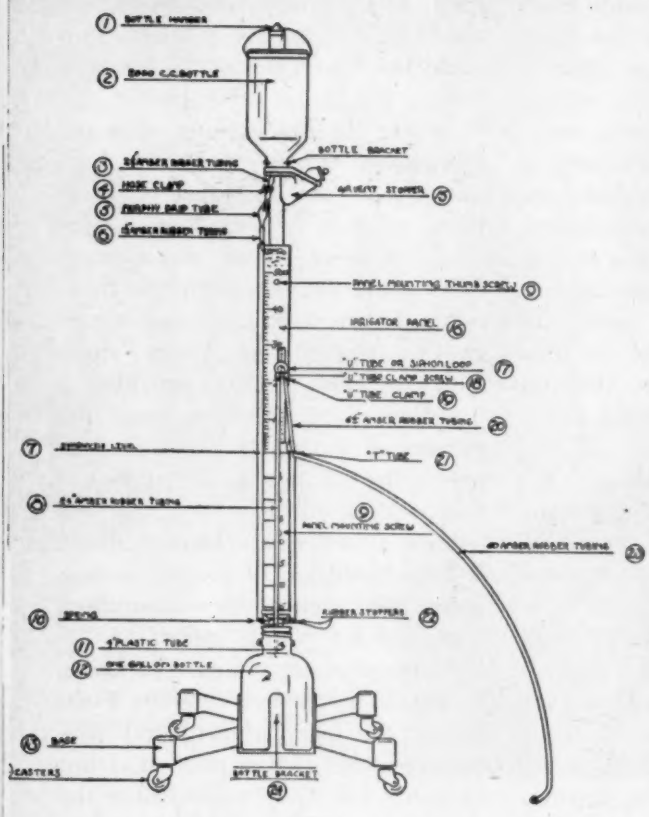
In this area, October and November seem to have the most birthdays. "What time was the baby born?" and "Is it a boy or a girl?" are the important questions. The very minute of a baby's birth may determine his fate. Since every day, every hour, every minute of the day is dedicated to the gods, the father wants to make certain that he gives the required homage. Whether a baby is kept warm or cool, whether he is properly fed, clothed, and cared for, are not as important as how the gods feel toward this particular child. Under these conditions, how could the health horoscope for most Indian babies be favorable?

During the hot weather, flies and mosquitoes cannot stand the high temperature and there are fewer of them around, but as soon as the cooler weather comes, the mosquitoes invade the houses by the thousands. Every dark nook and corner swarms with them. Every street with its open drains provides a breeding place for these pests and carriers of malaria. For the average person there is practically no protection against them. When one has neither a bed nor a blanket, there is little likelihood of owning a mosquito net; hence the mosquitoes feast and the people suffer.

Tuberculosis is rampant in India. It seems to be everywhere. From among the men, women, and children—whether rich or poor—it claims its yearly toll. Only a handful of the thousands of TB sufferers are hospitalized or receive care. During March and April, it is questionable whether the tuberculosis patients who are in the hospital will survive a summer of Patna heat.

The intense heat is at its height in May and June, and with it comes smallpox. The poor victim must not only bear the torment of the disease, the open sores (sometimes crawling with maggots), the disfigurement, but in addition, he must contend with the prostrating heat. Another of the year- [*Continued on page* 66]

by Sister M. Cyril, R.N.



Courtesy Gomco Surgical Manufacturing Corp.

■ TIDAL DRAINAGE—hmm! Of course you've heard of it, and, undoubtedly, you may have seen it in action but it was always someone else's responsibility. Now, Dr. Roe has decided that tidal drainage would be just the thing for your patient; it's up to you to arrange for it. Of course, in most hospitals, all you need to do is to send to Central Supply and the whole unit comes back to you wrapped and ready for use. Even then, however, it's up to you to figure out how the apparatus should be set up to work.

What does tidal drainage accomplish anyway? Certainly, it is easier to get ready for something if you know its purpose. Actually, tidal drainage has a dual function—it provides for the irrigation and the emptying of the urinary bladder when the pressure within the bladder reaches the desired point. By doing this, it helps to maintain normal bladder tone and capacity.

When the bladder is hyperactive,

Tidal Drainage

by Althea Powers, R.N.

tidal drainage prevents premature emptying, thus keeping the bladder from shrinking. In atonic cases, it prevents the bladder from over-filling and becoming over-stretched. It is especially helpful as an aid toward re-establishing normal bladder function in patients with transverse lesions of the spinal cord. Incontinent patients may be kept dry without running the risk of a progressive contracture of the bladder as so often happens when only an indwelling catheter which drains continuously is employed. It should be remembered, however, that tidal drainage cannot be used in all cases; it is contra-indicated in the presence of urethral stricture, acute infection of the prostate or testicles, local hemorrhage, or pelvic injury which may involve lacerations of the bladder.

So much for the therapeutic value of tidal drainage. Now how does this apparently complex apparatus work? Note the accompanying diagram—a 2,000 cc. bottle hangs from the top of the standard; irrigating fluid from this overhead reservoir flows into the bladder. When enough fluid has accumulated within the bladder and the desired degree of pressure within the bladder (intravesicular pressure) is reached, the column of fluid is pushed over the top of the siphon-loop (#17) and a mixture of irrigating solution and urine flows downward into the drainage bottle. When the fluid spills over the loop a siphon is created which continues until the bladder is empty, and air, entering the system through an air-vent (#15), interrupts the siphonage. With the bladder drained of its contents, the cycle of irrigation and drainage begins anew.

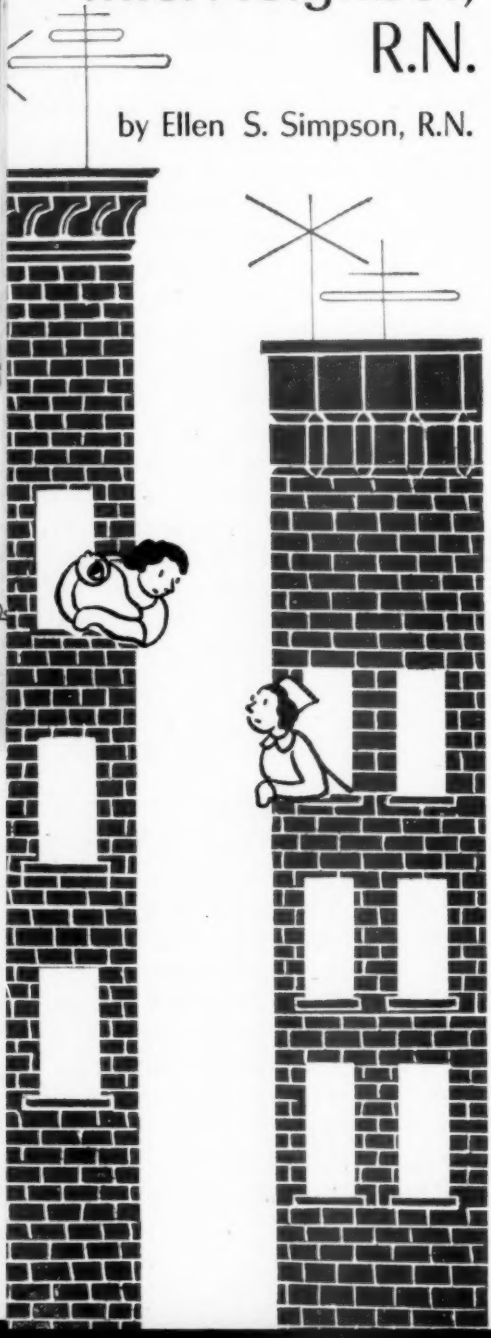
Before tidal drainage can be initiated, the patient must first be catheterized. The insertion of a retention catheter used to be the duty of the physician in almost all hospitals but, today, responsibility for the procedure in female patients is often delegated to the nurse. A catheter commonly employed is the Foley retention catheter which has a soft rubber bulb near its tip. This bulb may be inflated after insertion by means of a small tube in the side of the catheter. The physician will specify the size catheter and balloon he wishes used. In addition to the regular catheterization set, a solution basin, water, a 10 cc. syringe, and gloves—all sterile—will be needed.

Before catheterization, the balloon of the catheter should be checked for leaks by filling it with sterile water. If the bag does not leak, the solution is withdrawn, and the patient is catheterized, substituting the Foley catheter for the usual straight catheter. If the female patient is likely to need a retention catheter for a long period of time, it is well to do a perineal prep.

After the bladder has emptied, the Foley [*Continued on page* 58]

Mrs. Neighbor, R.N.

by Ellen S. Simpson, R.N.



■ EVERY SO OFTEN someone remarks that it is a shame my years of training are wasted. Granted I haven't been in a hospital in my professional capacity for quite a while except on those occasions when some member of the family was a patient. But neither have I packed away in cold storage all information relative to nursing!

One evening, somewhat nettled by such intimation, I tried to remember the various times when, because of those so-called "wasted years," I had been of some use to others besides my own folks. My experiences as an inactive registered nurse are, I believe, fairly typical of the many other thousands of nurses scattered throughout the country whose principal activities now center around their home and children rather than their job.

After the war, we moved to a semi-rural community. Our home is one of a group in the type of development now frequently found on the outskirts of large cities and towns. Before long, our neighbors discovered that I was a nurse, and an assortment of requests came my way. There were several good reasons why this happened. This area has no general hospital (soon to be corrected), and consequently we are without an accident clinic. In an emergency, our efficient Rescue Squad transports the patient to a hospital in a nearby city or township. For the far greater number of lesser injuries and illnesses, however, no such drastic measure is indicated although medical care might

still be found to be necessary.

In the post-war years, it was not easy to contact a doctor. All of us had to wait until over-burdened telephone facilities permitted installation of a multi-party line. Those with telephones were most accommodating, but it was not uncommon to call the doctor and find him away or unable to leave an office crowded with patients. It wasn't always possible either to take the patient to the doctor's office, for most of the men drove to work in the family car, and buses to town operated on an hourly schedule. Under such circumstances, if an M.D. is not immediately available, people are likely to turn to an R.N. as the next best source of help.

The first incident that comes to mind was more comical than serious. Upon opening my door one afternoon, I found a neighbor accompanied by her small son. Firmly anchored to the end of one finger was a narrow-necked bottle. Her attempts to pull it off caused vigorous protests from the young victim, and she wondered if there was any way to remove it besides breaking the glass. My first aid course had not included "what to do" for trapped fingers; I was forced to improvise. After pouring baby oil around the opening, we soaked his hand in cold water and then held his arm in an upright position. There are probably better ways to effect a rescue of this sort but the child was eventually "de-bottled."

Since there are quite a few younger children around, naturally we have quite a few accidents. Being a mother myself, I know how it feels to see blood flowing that belongs in the family. It will be a long time before I forget that dreadful moment when our older son dashed home crying that his brother was dead! He wasn't—to my supreme relief—but the rock that landed on his head caused a scar over which no hair will ever grow. And well I remember my reaction as the x-ray revealed that the same child had indeed bent a straight pin with his teeth and swallowed it!

It is difficult to think clearly, to exercise good judgment when one's own offspring is screaming with pain and fear. Mothers admit that they are too upset to telephone the doctor if, by chance, they do recall the correct number. This, too, I understand. The day a front tooth and a bike handle collided, a mental short circuit found me thinking of the dentist but unexpectedly speaking to the family physician. On several occasions when the injury has demanded immediate attention, I have ridden with mothers who have unknowingly passed through red lights and stop signs; in whose hands the wheel became more of something to cling to than to steer. I don't drive, but I doubt if I would perform much better if the situation were reversed.

When in doubt, mothers bring their youngsters to see whether medical care is required for the gash or the bump or the burn. After an examination, I suggest the procedure I would follow IF the injured were one of my family—emphasizing that

I can advise from a nurse's angle only. Most of the time, fortunately, Junior is more frightened than fractured. A day or so later, a certain aloofness in my presence is the only indication that he even remembers the whole business.

No one notices or cares particularly that I am not in uniform—if I arrive in shorts, slacks, or pedal pushers. An SOS may find me in the midst of making a pie, scrubbing a floor, or weeding the garden. A loud banging on the front door is a sure distress signal, although a gentle tapping on the bedroom window has awakened me. In the latter instance, a sleepy grab for the nearest clothing finds me oddly attired and less than perfectly coiffured.

Aside from accidents, there are a variety of less urgent reasons why people may turn to a nurse. Folks assume we know all the different doctors in the area, and a newcomer to the neighborhood will at times ask me to recommend one. Having lived in this vicinity but a comparatively short period, I am provided with a good excuse for not advising in this matter. When requested, I give the names of the gentlemen who "service" our household and add that any of those listed in the directory would undoubtedly prove as satisfactory.

Not infrequently, someone calls after the doctor has left. Formula-making baffles many a parent, and new mothers, between busy doctors and understaffed hospitals, are unhappily left to their own resources on minor points of infant care. Problems arise, too, concerning the care of the sick in the home, and my student affiliation with the Visiting Nurse Society has proved invaluable.

A request may come as the result of a treatment ordered involving use of an item that cannot be purchased until Dad returns home from work. My own thermometers travel around a bit as do the ice cap, heating pad, and inhalator. Once in a while, sterile dressings are needed but I seldom have to restock my first aid kit. A full bottle of aromatics is generously remitted for the whiff and a roll of bandage replaces the few inches borrowed.

When an illness is recurrent, a mother may inquire whether last year's medicine can still be used, while another may call to find out "how" and "when" she will know if Sister is going to develop the measles to which she has been exposed. Then there are the folks who have a condition that's been around for a year or so. They hope the indigestion or the headaches mean nothing, and yet cannot help worrying about what it could be. Seems as though I'm forever nudging someone in the general direction of a physician's office.

On the other hand, I do try to cooperate for none of us can afford big medical bills. Some time ago, a friend's son was scheduled for a series of injections covering a period of weeks. The problem here was not so much a matter of cost but rather that of getting him to the city twice a week. When the situation was explained to the doctor at the clinic,

he allowed the parents to purchase the medication at the hospital pharmacy and sent along full directions for me to follow.

Not all of my patients are human. Last year I boarded three baby sparrows. Born in a nearby attic, they had somehow fallen down between the walls into the cellar. Hearing their distressed peeps, a neighbor gathered them up and brought them over. One of them lived but a few hours; another for several days. It was a new experience feeding Pablum to tiny birds with an eyedropper, and we all grew fond of "Peepo." One day, just as he was learning to fly, he died. Sadly, we laid him to rest in the boys' vegetable garden.

Other injured creatures come my way for our sons haul all ailing members of the animal kingdom as well as their ailing pals to our house. A mole, victim of a poison pellet, was toted compassionately home in an old tin can. Nothing could be done for the birds captured by cats or the little hoptoad that hadn't jumped quickly enough when the sharp blades of the lawn mower drew nigh. To offset childish disappointment (and to redeem myself), I hunt for a proper coffin, wrap the deceased in cotton, and officiate at the burial.

Then there was the afternoon a tot locked himself in the bathroom and either wouldn't or couldn't come out. Since I may claim the doubtful distinction of being the shortest and skinniest gal around, I rather suspected that my size and not the R.N. brought me to mind. My five feet atop our six-foot ladder left a distance I couldn't scale so finally we had to awaken the only man on the street we knew to be home. An excited group of youngsters gathered to witness activities, and the smaller ones, including our boys, greeted the little culprit with a somewhat envious admiration. That evening—just in case—my husband prudently removed the lock from our bathroom door.

To prepare myself for the unexpected, I keep a list of telephone numbers conveniently handy. As a rule, I try to oblige although I confess to being a trifle wary about calling the fire department. Several field fires had burned uncomfortably close one summer and, as a result, the folks in this section were on the alert for a possible recurrence. I was preparing dinner one evening when a neighbor stopped to ask me to report another. Glancing out the back door I saw smoke rising from a wooded area nearby. I'm still insisting that I specified "small," but to my dismay and embarrassment, both town and township fire engines clanged up the street in full regalia! For weeks afterwards I could expect, with the sounding of the fire signals, the telephone caller who inquired facetiously if I had sent in the alarm.

Generally, the medical matter at hand requires only a few minutes but then again I may be away all night. During one particular winter, the roads were unreliable at best, and when [*Continued on page* 64]

Reviewing the News

▶ MARCH IS THE MONTH of the annual American Red Cross drive for funds. The ARC, faced with the need for expansion in its blood program and in recreational facilities for the U.S. Armed Forces, has set its national goal at $93 million. As requested by the Federal government, the ARC is undertaking to supply as much gamma globulin as possible for use in combating paralysis in children afflicted with polio. Because of the wide dispersion of our armed forces throughout Western Europe, recreational facilities in that area must be expanded. This year the Red Cross needs surpass those of any other year since the war years.

▶ ANA HIGHLIGHTS: The ANA Advisory Council, comprised of state presidents and executive secretaries, met in New York City, January 21-23. During their three-day session the Council:

¶ Discussed the problem of protecting the nurse who may be violating state medical practice acts by performing such controversial procedures as I.V.'s, and recommended that the issue be brought before the Joint Commission for the Improvement of the Care of the Patient, as well as studied by individual states.

¶ Heard from chiefs of representative nurses' corps the unsurprising fact that the armed services were in need of more nursing personnel. The Army has set a goal of 2,000 nurses for 1953; the Navy wants 1,000.

¶ Recommended to the ANA Board of Directors that the ANA urge that rank of chiefs of nurses' corps be advanced to provide for status equal to that in other branches, and to allow for greater opportunity for promotions within the ranks.

¶ Recommended that the ANA Board also study the question of upgrading the status and pay for the Director and Deputy Director of Nursing Service in the Veterans Administration.

¶ Learned that some states, in their attempts to secure permissive or mandatory licensure, were being compelled to admit practical nurses to licensing boards.

¶ Apparently resolved the problem of complying with the ANA House of Delegates' request that candidates for ANA offices express their views on nursing issues, by agreeing that all candidates need do is affirm support of ANA platform.

¶ Heard that the Isthmian Nurses Association of the Canal Zone had been accepted as the 53rd constituent unit of the ANA.

¶ Was encouraged by the news that only three state nurses associations—South Carolina, Georgia, and Texas

—still bar Negroes from membership.

¶ Watched the unveiling by ANA President Elizabeth K. Porter of a portrait of Lt. Colonel Mary Mills, a Negro nurse now in charge of the USPHS Nursing Program in the Near East. Colonel Mill's portrait is one of a collection of portraits of outstanding Americans of Negro origin, sponsored by the Harmon Foundation.

▶ LEGISLATIVE OUTLOOK: Men nurses, who up to now have waged an apparently hopeless battle for equal status in the armed services, should be heartened by the report that the Armed Forces Medical Policy Council will not oppose the commissioning of men nurses. While this stand is not a coordinated Department of Defense policy, it is a distinct reversal of the Council's previous position that the incorporation of men into the respective nurses' corps would be too difficult and expensive to achieve. The ANA, which is committed to work for passage of legislation enabling commissioning of men nurses, recently reported that a new bill will be prepared for this purpose. The results of an ANA questionnaire, disclosed at the January, 1953, ANA Advisory Council meeting, showed that 82 per cent of the men student nurse respondents were deferred from military service because of their studies . . . It was also learned at the Advisory Council meeting that a legal damper had been placed on proposed efforts of the ANA to support income tax deductions for married nurses who employ household help while they are working. ANA lawyers, it seems, are of the opinion that legislation of this type should include all working women . . . ANA representatives will be permitted to appear when hearings on amending the Taft-Hartley Act are scheduled. The ANA hopes that future amendments may compel nonprofit institutions to participate in collective bargaining . . . According to Advisory Council reports, the whole area of federal aid to nursing education is being reviewed, with emphasis being placed on state administration of federal funds. The NLN is now studying the unit cost of nursing education and also the question of the states' legal authority in administering government grants.

▶ NEWLY ASSIGNED as Director of Nursing Services, Fifth Army Area Headquarters, Chicago, Maj. Edith A. Aynes, ANC has recently returned to the U.S. from Japan. Before sailing, Major Aynes was presented with

Col. Ruby F. Bryant, Chief Nurse, ANC, (left) congratulates Maj. Edith A. Aynes, ANC, recipient of the Legion of Merit.

the Legion of Merit for her "exemplary achievements" as Chief Nurse of the 279th General Hospital, Osaka, and Chief Nurse of the Japan Logistical Command.

▶ A POLIO VACCINE, which scientists have reason to believe may protect humans against polio, is now in existence, Dr. Harry M. Weaver, research director of the National Foundation for Infantile Paralysis reports. It is probable that tests on children may be conducted this year. The vaccine has already proved effective in stimulating monkeys, chimpanzees, and a few humans to manufacture their own antibodies against the three types of polio virus which the vaccine contains. (Only the Brunhilde, Lansing, and Leon strains of virus are now considered dangerous to man.) Furthermore, there is no risk that polio will be caused by the vaccine since the viruses have been chemically killed and, even though they can cause the production of antibodies, they cannot harm the nerves.

▶ HEALTH INSURANCE is to be evaluated by the Health Information Foundation, which will undertake four studies of the nation's voluntary health insurance plans at a cost of $275,000. The projects will include a national sampling of households in an attempt to discover the effect of health insurance plans on the relationship of family medical costs to health status, plus a more intensive study within designated communities of this same problem with attention also directed toward the impact of catastrophic illnesses not covered in many insurance plans. The National Opinion Research Center of the University of Chicago will carry out both of these studies. Other projects are concerned with ways in which the voluntary plans now in existence might be stretched to include groups not now covered and with the relationship of illnesses and medical costs to family debts.

▶ NURSING IN ISRAEL, a pamphlet which describes the growth and development of this profession in Israel, stresses the need for additional personnel from abroad. Both government and private institutions can use qualified personnel. This pamphlet can be obtained by writing to PATWA (Professional and Technical Workers Aliyah), 16 East 66th Street, New York 21, New York.

▶ NEWSLINGS: The name of the "Psychiatric Nurses' Section of the Illinois State Nurses Association" has been officially changed to that of "Mental Health Nurses' Section of the Illinois State Nurses Association" . . . Medical education, experimental health services, and medical research projects received a total of nearly $2 million in the past year from the Commonwealth Fund . . . Social and economic gains rather than medical science are chiefly responsible for the great improvements in the health of the public, according to Dr. Eli Ginzberg, professor of economics, Columbia University. Dr. Ginzberg, speaking at Mount Sinai Hospital's [*Continued on page* 67]

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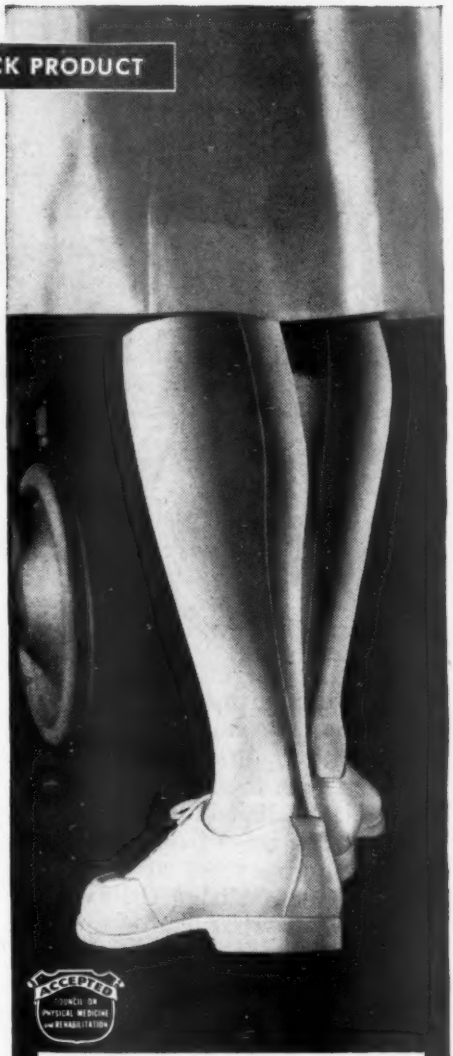

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Tidal Drainage

[*Continued from page* 49]

bag is carefully filled with the specified amount of water, using the sterile 10 cc. syringe. Then, the side of the catheter used to fill the bulb is folded back on itself and tied off with thread or a rubber band. By applying a slight amount of tension to the catheter and noting the resistance, you can tell if the catheter will be retained.

The catheter is connected with the tidal drainage system by rubber tubing (#23) attached to the horizontal arm of the T-tube of the apparatus (#21). Before this is done, however, the T-tube must be adjusted to the level of the patient's symphysis pubis and the drainage apparatus cleared of air bubbles by opening the stopcock and flushing the tubing with irrigating solution. After the connection has been made, the catheter is unclamped, and the rate of flow of the solution is cut down by adjusting the stopcock to about 30-60 drops per minute. The tubing leading to the catheter is fastened to the sheet, allowing the patient enough leeway to move about. However, the tubing should not loop below the bed.

Tidal drainage set-ups differ in various hospitals, but all of them follow the same principle: The height of the siphon-loop above the level of the patient's bladder determines how great the intravesicular pressure must be before the bladder empties. Frequently, the physician uses cystometry to find the height to which the

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by OLIVE CRENNING
Special Representative to the Nursing Profession

"SHOULD I USE tampons?" That is the question single girls often ask. I tell them that of course they should! I explain that there isn't any other sanitary protection half so practical, half so comfortable, half so downright satisfactory as wonderful Meds tampons. I reassure them by pointing out that medical literature indicates that tampons can be used safely, comfortably by single girls. Then I tell them that every month thousands and thousands of single girls, married women, young women, older women depend on Meds, the safer, surer sanitary protection.

I explain that because Meds tampons are used internally, they give undreamed-of freedom. I explain that tampons are the only form of sanitary protection that frees women from bothersome belts, pins, pads and bulges. And since Meds tampons absorb internally, embarrassing odors and uncomfortable chafing cannot occur.

Meds tampons are not only more comfortable than any other form of sanitary protection, but they are more comfortable than any other tampon. Each doctor-perfected Meds is made of finer, more absorbent, surgical cotton. Each Meds is easier, quicker to use, thanks to a specially designed applicator. Each Meds is individually wrapped for extra safety, extra protection.

I often explain to women who have never used tampons that their use is overwhelmingly approved by leading doctors—gynecologists and obstetricians—according to a recent national survey.

And remember, with Meds tampons you can swim, shower, dance any day. I am so sure that you will find Meds so much more comfortable than any other form of sanitary protection, I am so sure that you will find Meds so much easier and quicker to use than any other tampon that I want you to try them at our expense.

For a free sample package of Meds in a plain wrapper, send your name and address to Olive Crenning, Dept. RN-3, Personal Products Corp., Milltown, N. J. (One package to a family, U. S. A. and Canada only.)

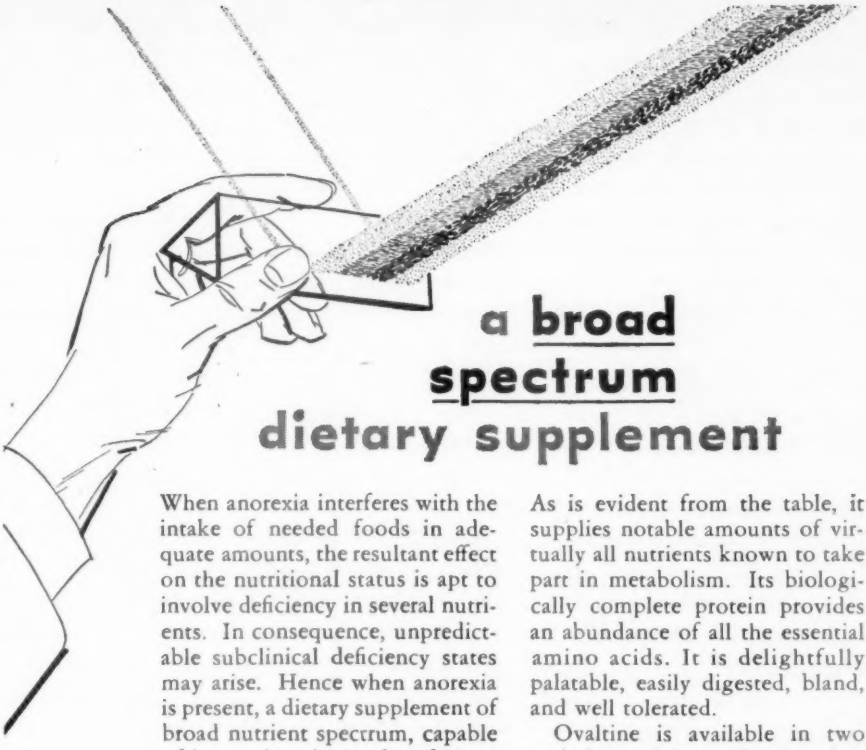
siphon-loop is to be raised. Through cystometry—a method of measuring the response of the detrusor muscle of the bladder wall to a given amount of fluid—it is possible to determine the muscle tone and capacity of the bladder and to evaluate the progress of the patient. "When the bladder becomes extended by the accumulation of fluid and the intravesicular pressure reaches a certain value, rhythmical contractions of the detrusor muscle are set up."[1] Finally, as the intravesicular pressure rises, there is a strong contraction of the detrusor muscle, the internal sphincter of the bladder relaxes, the external sphincter opens, and micturition takes place.

Before beginning cystometry, the circuit is filled with solution and the end of the rubber tubing leading to the catheter is clamped off (#23); the level of the column of fluid in the vertical tube at the left of the panel is adjusted to zero; the catheter is connected to the rubber tubing; and the tubing joining the vertical arm of the T-tube with the arm of the siphon-loop is clamped off (#20). The tubing leading to the catheter is then unclamped and the cystometric readings can be taken.

By slowly letting 50-100 cc. of fluid into the bladder at a time and recording the resultant pressures as measured on the scale of the panel, a graph of cystometric readings can be constructed showing the rise in intravesicular pressure at each successive filling. (A manometer may be used when the tidal drainage apparatus is not equipped with a properly scaled panel or when pressure readings above 50 cm. of water are involved.) In the normal bladder, there will be little change in the intravesicular pressure until about 400 cc. of fluid have collected. In the bladder with reduced muscle tone, the intravesicular pressure rises slowly and evenly with no abrupt rise even after the 400 cc. mark has been reached. On the other hand, in the hypersensitive bladder, there may be a sharp rise in intravesicular pressure when the content of the bladder is 100 cc. or less. Because of these differing responses, the physician will direct that the siphon-loop be lowered in the case of the patient with the atonic bladder and raised for the patient with a hypertonic bladder. This prevents over-stretching of the atonic bladder and premature emptying of the over-active bladder.

Once the position of the siphon-loop has been determined and the tidal drainage apparatus has been set in operation, the filling and emptying of the bladder become automatic. The only attention required when the system is functioning properly is the filling of the solution bottle and the emptying of the drainage bottle. It is important, though, that the height of the siphon-loop be checked at intervals to make certain that it is at the exact height ordered by the physician. If the apparatus is working well, the fluid column in the tube at the left of the column will show slight up-and-down movements cor-

[1]Charles Herbert Best and Norman Burke Taylor, *The Physiological Basis of Medical Practice* (3rd edition; Baltimore: Williams and Wilkins, 1943) p. 688.



a broad spectrum dietary supplement

When anorexia interferes with the intake of needed foods in adequate amounts, the resultant effect on the nutritional status is apt to involve deficiency in several nutrients. In consequence, unpredictable subclinical deficiency states may arise. Hence when anorexia is present, a dietary supplement of broad nutrient spectrum, capable of improving the intake of virtually all nutrients, is advisable.

The dietary supplement Ovaltine in milk enjoys long-established usage in clinical practice. As is evident from the table, it supplies notable amounts of virtually all nutrients known to take part in metabolism. Its biologically complete protein provides an abundance of all the essential amino acids. It is delightfully palatable, easily digested, bland, and well tolerated.

Ovaltine is available in two varieties, plain and chocolate flavored, giving choice according to preference. Serving for serving, both varieties are virtually alike in their wealth of nutrients.

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Ovaltine

Three Servings of Ovaltine in Milk Recommended for Daily Use Provide the Following Amounts of Nutrients

(Each serving made of ½ oz. of Ovaltine and 8 fl. oz. of whole milk)

MINERALS		VITAMINS	
*CALCIUM	1.12 Gm.	*ASCORBIC ACID	37 mg.
CHLORINE	900 mg.	BIOTIN	0.03 mg.
COBALT	0.006 mg.	CHOLINE	200 mg.
*COPPER	0.7 mg.	FOLIC ACID	0.05 mg.
FLUORINE	3.0 mg.	*NIACIN	6.7 mg.
*IODINE	0.15 mg.	PANTOTHENIC ACID	3.0 mg.
*IRON	12 mg.	PYRIDOXINE	0.6 mg.
MAGNESIUM	120 mg.	*RIBOFLAVIN	2.0 mg.
MANGANESE	0.4 mg.	*THIAMINE	1.2 mg.
*PHOSPHORUS	940 mg.	*VITAMIN A	3200 I.U.
POTASSIUM	1300 mg.	VITAMIN B_{12}	0.005 mg.
SODIUM	560 mg.	*VITAMIN D	420 I.U.
ZINC	2.6 mg.		

*PROTEIN (biologically complete)	32 Gm.
*CARBOHYDRATE	65 Gm.
*LIPIDS	30 Gm.

*Nutrients for which daily dietary allowances are recommended by the National Research Council

responding to respiratory movements transmitted by the bladder. When these fluctuations are absent, there may be an obstruction of the catheter or tubing. It is well to observe the patient frequently for signs of bladder distention resulting from obstructed tubing. Occasionally, it may be necessary to irrigate the catheter with a syringe in order to remove blood clots or mucus which block the flow from the bladder. Because a catheter may become very irritating to the urethra, care is taken to keep the genitalia clean. The catheter may be lubricated by pulling it forward until resistance is felt, applying the lubricant, and re-inserting it one-fourth inch. To guard against infection and irritation, the catheter is changed and all tubing is cleaned and sterilized at least once a week.

Patients on tidal drainage need to have an accurate accounting of their intake and output, and they should be given at least 3,000 cc. of fluid daily unless this is contra-indicated. The amount of irrigating fluid added to the system is noted and subtracted from the drainage obtained. The various solutions used for tidal irrigation must, of course, be sterile. Among solutions commonly used are normal saline, distilled water, potassium permanganate 1:10,000 and boric acid 4 per cent.

To disconnect the tidal drainage temporarily and still keep the ends of the catheter and connecting tube sterile, the nurse clamps off the inflow tubing, unfolds a sterile towel on the bed, and disconnects the catheter from the apparatus. She then drains both catheter and connecting tube into an emesis basin taking care not to contaminate the ends. After placing them on the sterile towel, she folds a sterile 4 x 4 gauze pad over the end of the catheter and another over the end of the connecting tube, and secures both with rubber bands. The clamped-off catheter is fastened with adhesive tape to the patient's thigh, and the connecting tube is fastened to the standard.

In judging whether a patient can be taken off tidal drainage permanently, the apparatus is disconnected and the catheter removed. (The side of the catheter leading to the bulb must be untied and the bulb deflated before attempting to withdraw the catheter.) The patient is then watched for spontaneous voiding. Once the patient has voided, he should be catheterized for residual urine. In anticipation of the event that tidal drainage should have to be resumed, it is advisable to catheterize with a retention catheter. If there is no residual urine, or very little, the patient may no longer need the tidal drainage apparatus. However, he should be closely watched for distention until satisfactory bladder function has been resumed.

Tidal drainage is just one more example of the complicated problems the nurse of today encounters. As in all such cases, the nurse with some knowledge of the reasons underlying the operation of the apparatus involved has more self-confidence in dealing with it—and, what is equally important, cannot help but communicate this confidence to patients.

New high potency penicillin preparations

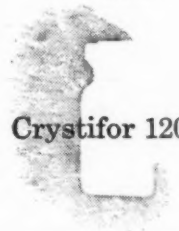
Serious infections call for high dosage. To meet this need, E. R. Squibb & Sons has perfected a group of preparations supplying large amounts of procaine penicillin in a small injection volume. High, enduring blood levels assure therapeutic effectiveness.

Crysticillin 600 A. S.

New aqueous suspension

Squibb procaine penicillin G, 600,000 units per 1.2 cc., in aqueous suspension. Ready to inject, stable for 1 year if stored below 15 C. Supplied in 10 dose vials (12 cc., 6,000,000 units).

Crystifor 800

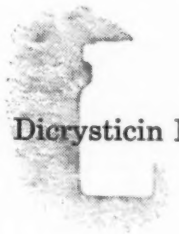


Crystifor 1200

New fortified preparations in high concentration

Squibb procaine penicillin G, 600,000 units, plus potassium penicillin G, 200,000 units, for aqueous injection. Diluted according to directions, the injection volume per dose is 1.1 cc. Supplied in 1 and 5 dose vials (800,000 and 4,000,000 units).

Squibb procaine penicillin G, 900,000 units, plus potassium penicillin G, 300,000 units, for aqueous injection. Diluted according to directions, the injection volume per dose is 1.75 cc. Supplied in 1 dose vials (1,200,000 units).



Dicrysticin Fortis

New antibiotic combination

Squibb procaine penicillin G, 300,000 units, plus potassium penicillin G, 100,000 units, plus 1 Gm. dihydrostreptomycin sulfate, for aqueous injection. Dicrysticin Fortis is the same as Dicrysticin, but contains twice the amount of dihydrostreptomycin. Supplied in 1 dose vials.

SQUIBB A LEADER IN THE RESEARCH AND MANUFACTURE OF PENICILLIN AND STREPTOMYCIN

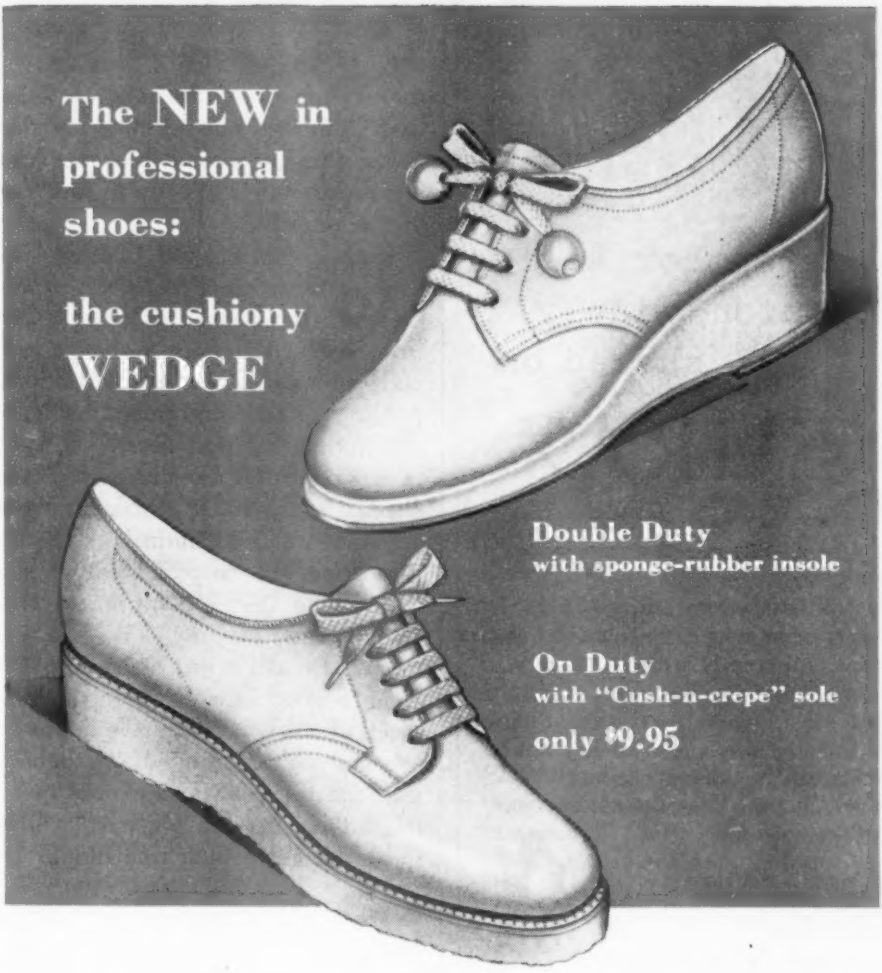
Mrs. Neighbor

[*Continued from page* 53]

one pioneer mother wanted to have her baby at home the doctor was agreeable. With some misgivings, I promised to assist. No one was worried but me, and I practically memorized a hitherto neglected chapter in my obstetrics book on Home Delivery. Repeated dreams to the contrary, the doctor did arrive on time—even managed at least six hundred and forty winks before little Grace made her entrance at 4 A.M. Father faithfully supplied hot coffee so we forgave the slight trouble he had with the furnace.

No, my training has not been wasted, nor has that of other inactive nurses, I am sure. We seldom have reason to sign the R.N. after our name, rarely appear in uniform, and there is no charge for the services rendered. But those ten minutes yesterday and the hour or so last week add up. It would be safe to predict that the accident wards and the doctors would be a little busier if all the "Mrs. Neighbors, R.N." ignored the appeals beamed in their direction.

In Egypt, patients were charged by physicians according to the extent of worldly goods in their possession. However, for some obscure reason the doctors, so historians claim, treated the wives of their clients for a mere one-sixth of the amount collected from their mates.



Never have you walked so softly ...or so smartly

No doubt about it, the *wedge* is wonderful for your foot. It cuddles up to your arch . . . gives the comfortable support you *need*, to end the day fresh and relaxed. And still *more* wonderful—the wedge that *cushions* every step you take. Here it is—in *both* leather and crepe—in good-looking shoes that are famous for their easy-going Red Cross Shoe fit. Lightweight. Easy to clean. Your foot will love them both.

Red Cross PROFESSIONAL Shoes

THE ONLY COMPLETE LINE OF WHITE DUTY SHOES IN AMERICA

This product has no connection whatever with The American National Red Cross

India

[*Continued from page* 47]

round infectious diseases is kala-azar. Although rare in some parts of India, this parasitical infection runs a close second to malaria in this part of the country.

Knowledge of the disease, its cause and its cure, has not yet eradicated the common pestilences from India. To effect a change will take education and understanding; public sanitation and public hygiene; and individual and social cooperation. Tragically, the majority of the population of Bihar still lacks these advantages. The Hindu looks at his horoscope, the hospital looks at statistics, and our Indian nurses say, "What can we do?" We answer them: "Do what you are doing. Become a good nurse and go out and teach others what you have learned." We are not discouraged. We believe that the nurses who are now being trained will have a big part to play in the future of their free India.

A number of films for loan, free of charge, to hospitals, nurses' training schools and other accredited medical and surgical groups are listed in the 21st edition of the Surgical Film Library catalog, released in December by Davis & Geck, Inc. Some 137 subjects, many of which are Cine Clinic films from previous Clinical Congresses of the American College of Surgeons, are included. Address requests for catalogs to Surgical Film Library, Davis & Geck, 57 Willoughby Street, Brooklyn 1, New York.

[*Continued from page* 56]

recent Centennial Year Symposium on "Medicine and Society," said that the advances in health in the Western part of the world are due mainly to better sanitation, nutrition, and housing, and a great reduction in dangerous work.

▶ A WORLD-WIDE SHORTAGE of nurses is reported by WHO to be hampering progress of health programs. A study of the world nursing situation by a committee on nursing showed that while some countries have one nurse for every 400 people, others have none for millions. In progress, is a WHO investigation of nurses' salaries and working conditions to see what can be done to make nursing more attractive.

▶ AN INDUSTRIAL NURSING session, sponsored by the greater New York Safety Council and consisting of a panel discussion on rehabilitation, will be held March 24 at the Hotel Statler, New York, N.Y. Participants in the discussion include Dr. Donald A. Covalt, Clinical Director, New York University-Bellevue Institute of Physical Medicine and Rehabilitation; Henry Viscardi, Director of "Just One Break," New York University-Bellevue Medical Center; and Doris Marie Schiffer, R.N., Rehabilitation Nurse, Liberty Mutual Insurance Company, New York, N.Y. Hugh M. Jackson, manager of the Industrial Health Program, Johns Manville Corp., is chairman.

Birthmarks

[*Continued from page* 39]

contained within the skin are associated with birthmarks. Defects in the elastic system may be local or widespread. The "rubber-skinned" person at the circus is an example of general elastic system defect.

The horny layers of the skin are the sites of other birthmarks. Thickening of the palms and soles from birth through life has been associated with familial traits. Generalized examples of defect of the horny layers are noted at birth; usually, the child does not survive. Minor examples are known as fish skin. Superficial scaling defies attempts at removal by ordinary medicaments, yet may disappear completely before the child reaches adult life. Some forms have been found to be due to disorders connected with the glands of internal secretion such as the pituitary gland; others are due to a lack of the proper amounts of vitamins, particularly to a deficiency of Vitamin A.

Other skin oddities which may be classified as birthmarks include webbing, or the existence of skin between one or more neighboring fingers or toes; an abnormal reaction to exposure to the sunlight resulting in the formation of tremendous blisters which rupture and scar; and the total absence of the nails or the appearance of vestiges of the nails. Another specialized birthmark is the Mongolian spot—an area of discolored skin found at the base of the spine.

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If you're on your feet all day, you'll *feel better* with **ACE** Elastic Hosiery. These smart looking hose keep you comfortable throughout the day by providing medically correct support to all leg structures.

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SHEER: Knit of nylon-covered latex — scarcely distinguishable from service-weight nylons.

FULL-FOOTED: *No overhose necessary.*

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ACE Full-Footed Elastic Hosiery for Women is available in white, beige and black in a wide range of lengths and foot sizes.

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B-D

makers of famed **ACE** Elastic Bandages

Music Helps

[*Continued from page* 31]

and then use musical selections which appeal to higher mental levels. Abundant rhythm in the music will stimulate patients on the instinctual level; musical rhythm which has a strong affinity to cosmic and bodily rhythm is thus used first.

Types of Music

Melody in the music is a good mood modifier. The second exposure of patients is therefore exposure to music in which melody predominates. Since harmony, which follows melody in the musical prescription scheme, is a higher form of musical evolution tending to produce integration and accord, this is used next.

Pictorial-associative music stimulates imagery and mental associations. This trend, already present in the melody, reaches a higher degree with the pictorial-associative music. Pictorial-associative music is used for patients who are in closer contact with reality.

It should be kept in mind that there are no musical designs which contain *pure* rhythm, melody or pictorial factors. We therefore use music which shows an abundance of one or the other structural elements. We have, of late, attempted to write "synthetic" music in which a desired structural element is stressed.

Bringing music to patients means infiltrating them with basic realities and "lived-through" experience. For this reason, music and songs they may have heard in their childhood, prior to the onset of their psychoses, are strong stimuli, capable of replacing states of phantasy, hallucinations, illusions, and morbid feelings. Even though their effect is temporary they still possess therapeutic value.

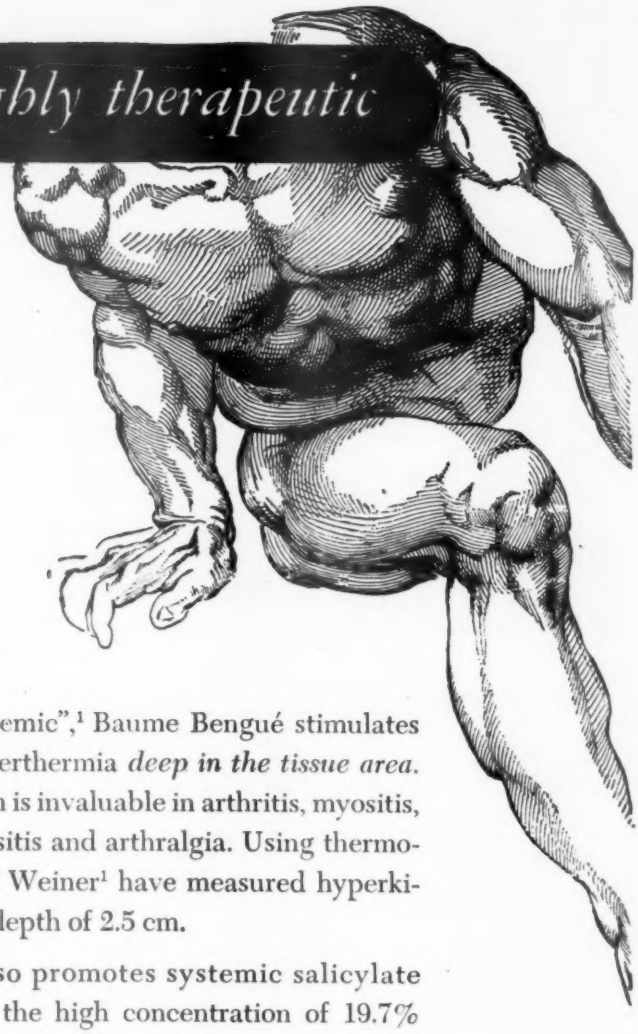
We prefer a trio (violin, cello, and piano), for our experience is that mental patients respond more readily to a trio combination of tone color. But a piano alone is serviceable, and where there is only one therapist, a piano suffices. It is important, however, that the piano be a well-tuned one.

We use special "Theme Songs" at Eloise. The theme song is supposed to act as a conditioned stimulus. Each ward has its own theme song, according to the kind of patients who make up the ward. Patients are not forced to attend the sessions, but the theme song played or sung suggests to them that the musical sessions have begun and they can come if they wish. Even patients who do not join the group are still "exposed" to music, and sooner or later they join the group.

Therapeutic Values

The physiological and psychological properties of music; the social, educational, esthetic, and spiritual attributes it possesses, put music into the class of an adjunct therapy exceedingly valuable in hospital practice. It is humane; it helps self expression; it creates a sense of belonging; it is conducive to group cooperation, to solidarity and socialization. It helps the patients in the process of dancing, singing, rhythm, and

thoroughly therapeutic



As a true "hyperkinemic",[1] Baume Bengué stimulates hyperemia and hyperthermia *deep in the tissue area.* This thorough action is invaluable in arthritis, myositis, muscle sprains, bursitis and arthralgia. Using thermo-needles, Lange and Weiner[1] have measured hyperkinemic activity at a depth of 2.5 cm.

Baume Bengué also promotes systemic salicylate action. It provides the high concentration of 19.7% methyl salicylate (as well as 14.4% menthol) in a specially prepared lanolin base to foster percutaneous absorption.

1. Lange, K., and Weiner, D.: J. Invest. Dermat. 12:263 (May) 1949.

Baume Bengué
ANALGÉSIQUE

Available in both* regular *and* mild *strengths.

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music and making regular instrumental music to relive their tensions, aggressions, and hostilities. In those wards in which musical activities are frequent there is less irritability and there are fewer quarrels among the patients; the ward work is more productive. The relationship between the patients and the attendants becomes better too. The patients appreciate the attention given them; the attendants learn to know their patients from the human side through their talents, musical skill, and leadership. Bringing music into mental hospitals is educational to the public at large as well as pleasing to the relatives and friends of the patient. It focuses attention upon a humane and positive approach to hospital practice. With the present shortage of psychiatrists and nurses, this form of group therapy is also valuable economically, which is another persuasive reason for its use.

Training Therapists

To further the practice of music therapy, training courses in this subject were inaugurated upon our suggestion at Michigan State College, Lansing, Michigan, several years ago. It offers a four-year course with a major in music, but includes other subjects pertaining to psychology—normal and abnormal—sociology, etc. A Bachelor of Science degree is conferred after a screening out process and an additional four months' internship at Wayne County General Hospital at Eloise.

Music therapy has made tremendous strides in the last fifteen years. A good number of progressive men-

tal hospitals—including veterans hospitals—have trained Music Therapists. Wayne County, in the State of Michigan, was the first to introduce Civil Service examinations for Music Therapists, thus commanding better Music Therapists and in turn giving them an important and honorable status in the hospital set-up. The State of California modeled its Civil Service of Music Therapists according to the Wayne County specifications as to education, internship, and training.

There is now a National Association for Music Therapy, an organization which concerns itself with promoting of better music therapists, better understanding of the patients' emotional, esthetic, and spiritual needs, and closer cooperation with the psychiatrist and ward personnel. It also emphasizes research in Music Therapy. On the Council of the National Association for Music Therapy and on its Research Committee there are psychiatrists, music educators, and musicians. Today, research in music therapy is being conducted in many hospitals, music colleges, and psychology departments.

Evaluating music as a therapy and tracing its powers and properties is considerably more difficult and complex than evaluating the properties of a drug or chemical. The complexity of the human mind—the object of music attack and the music itself —a highly intricate agent—put face to face with one another—make it a challenge, a worthwhile effort, and one which is very rewarding to the therapist.

Alcoholism

[*Continued from page* 43]

is apparently superior to ACE, and the use of either drug appears to be more effective than does the conventional treatment. ACTH is ineffective in Korsakoff's syndrome but improvement apparently follows the administration of ACE. (ACE, disulfiram, thiamine hydrochloride, and dextro-amphetamine sulfate are discussed in *Drug Digest,* page 44.)

Believing that endocrine dysfunction may be the cause as well as the result of alcoholism, Dr. Smith and Doctors John W. Tintera and Harold W. Lovell, also of New York City, advocate the use of adrenal cortical hormones as a control measure to help the alcoholic remain sober. Dr. Lovell and Dr. Tintera recommend a high fat, moderate protein, restricted carbohydrate diet to keep the blood sugar constant when patients are undergoing this type of therapy. Since insufficiency of the pituitary gland also affects the gonadal secretions, Dr. Smith prescribes estrogens for female alcoholics who are past the menopause and androgens for male alcoholics to supplement cortical hormone therapy. A sense of relaxation and well-being follows the administration of ACE doing away with the need for sedatives; the depression which plagues certain alcoholics tends to disappear. (A somewhat similar effect apparently follows the use of amphetamine and related cerebral stimulants.) Combined with psychotherapy, endocrine therapy seems promising in the treatment of certain types of chronic alcoholics and has proved particularly useful in the treatment of acute alcoholism.

Attacking the problem from a different angle, Dr. Roger J. Williams, biochemist, reasons that hormonal deficiency may result from a nutritional deficiency. It may well be, he suggests, that too little hormone is manufactured by the individual concerned because some particular nutritional element needed in its production is lacking. According to Dr. Williams, each person inherits a distinctive metabolic pattern. Some persons have abnormally high demands for certain nutritional elements and, unless these demands are met, a

craving for alcohol may develop. By providing all incipient alcoholics with an assortment of necessary food elements in amounts approximately four to five times as large as most people require, it is hoped that the special needs of each individual will be filled. If, at the same time, the individual receives a slight excess of certain elements no harm will result.

Acting on this assumption, capsules containing thiamine, riboflavin, nicotinamide, calcium pantothenate, pyridoxine, biotin, folic acid, p-aminobenzoic acid, inositol, choline, vitamin B_{12}, vitamin A, vitamin C, a-tocopherol, and Viosterol have been devised. The number of capsules taken daily varies with the individual and can only be determined through experience. In order to supply the essential unsaturated fatty acids it is advised that the patient consume a tablespoon of corn oil daily in addition to the capsules. This treatment must continue throughout the patient's lifetime since the nutritional demands of the individual remain unaltered. So far, results from this intensive vitamin therapy seem to merit further study.

Both vitamins and hormones are probably better known for their therapeutic effects in conditions other than alcoholism but there is one drug now available which could be considered a specific in the treatment of this disease. The effect of this drug, disulfiram, commonly known as Antabuse, was discovered almost by accident. A group of Danish physicians and pharmacologists were experimenting with disulfiram as a

vermifuge and were conducting tests on themselves. They found that some of them experienced rather unpleasant reactions while others did not and, by a process of elimination, concluded that the reactions occurred only in those who partook of alcohol.

Since that time, exhaustive research has shown that if used with caution, disulfiram may have certain value in selected cases of alcoholism. However, the patient must have a real desire for rehabilitation; he must realize that he is sick and that he needs medical help; and he must be intelligent enough to understand the danger of indulging in alcohol while under treatment.

Disulfiram therapy is somewhat similar to the old "conditioned-reflex" or aversion treatment in that the alcoholic is led to associate sickness with drinking. In the aversion treatment the patient is given either emetine or apomorphine to produce nausea—then, before the emetic takes effect, he is given a taste of alcohol in some form. After several such episodes, the mere thought of alcohol may serve to nauseate him. However, this treatment usually has to be repeated at intervals.

Disulfiram therapy differs from the aversion treatment in that the drug itself does not make the patient ill. No reaction will take place until after alcohol has been consumed. The severity of the reaction differs with the dosage of the drug, the amount of alcohol ingested, and the response of the individual. Following moderate alcohol intake there may be only flushing, an increased

pulse rate, and signs of oxygen hunger; with a larger alcohol intake nausea, vomiting, a considerable drop in blood pressure, and occasionally collapse may ensue.

Patients in good physical condition are usually given an alcohol trial so that they may learn from experience just what to expect should they be tempted to fall by the wayside. Those who are considered poor risks physically are allowed to watch the reactions of others. When a trial drink is given oxygen is always kept in readiness in case of an unduly severe reaction. Huge intravenous doses of vitamin C and ephedrine sulfate may also be called for. Many patients under treatment with disulfiram carry cards outlining the symptoms likely to occur from the consumption of alcohol and indicating the physician to be called in an emergency. The use of paraldehyde seems to be contra-indicated in patients who have undergone or are about to undergo disulfiram therapy.

Like all other drugs, disulfiram in itself is not a cure for alcoholism, but it does serve as a chemical crutch for the alcoholic to lean on while further therapy aimed at correcting the basic maladjustment of the individual is being carried out.

An important source of strength and encouragement to the alcoholic who is earnestly trying to stop drinking is Alcoholics Anonymous. Founded in 1934, this rather informal organization now counts among its members some 150,000 one-time alcohol addicts. The sole purpose of the organization is to help other

Do You Know?

BROMO-SELTZER IS BEST FOR 9 OUT OF 10 HEADACHES!

This is a medical fact. Headache specialists and neurologists have shown that 9 out of 10 headaches are associated with nervous tension. For this reason, Bromo-Seltzer is best for 9 out of 10 headaches because only Bromo-Seltzer gently soothes nerves and relieves pain at the same time.

Bromo-Seltzer better for upset stomach, too. Bromo-Seltzer contains sodium citrate which, as you know, is considered by doctors to be the finest ingredient for the relief of upset stomach. Further, there is another ingredient found *only* in Bromo-Seltzer that relieves nervous tension so often associated with stomach distress. That is why Bromo-Seltzer is better, works faster to give complete relief from upset stomach. For best results use cool water. Follow the label; avoid excessive use.

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alcoholics in their fight to regain health, and its success apparently depends in great part on the feeling of fellowship and understanding that exists among people who have suffered the same troubles.

The attitude of the nurse toward the alcoholic is of particular importance. The nurse can help his family and friends to accept the fact that alcoholism is a disease, but that it is not necessarily a hopeless one—a disease which can be arrested if not cured. Many times he or she can aid the alcoholic to realize that, although he is sick, he stands a chance of recovery if he will make an effort to help himself and let others help him. And, finally—because people tend to regard nurses as authorities on health—nurses are in a strategic position to publicize the truth about alcoholism.

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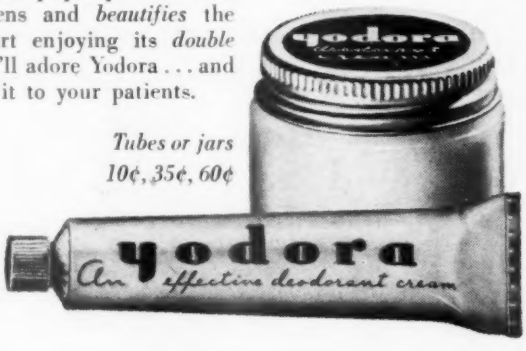

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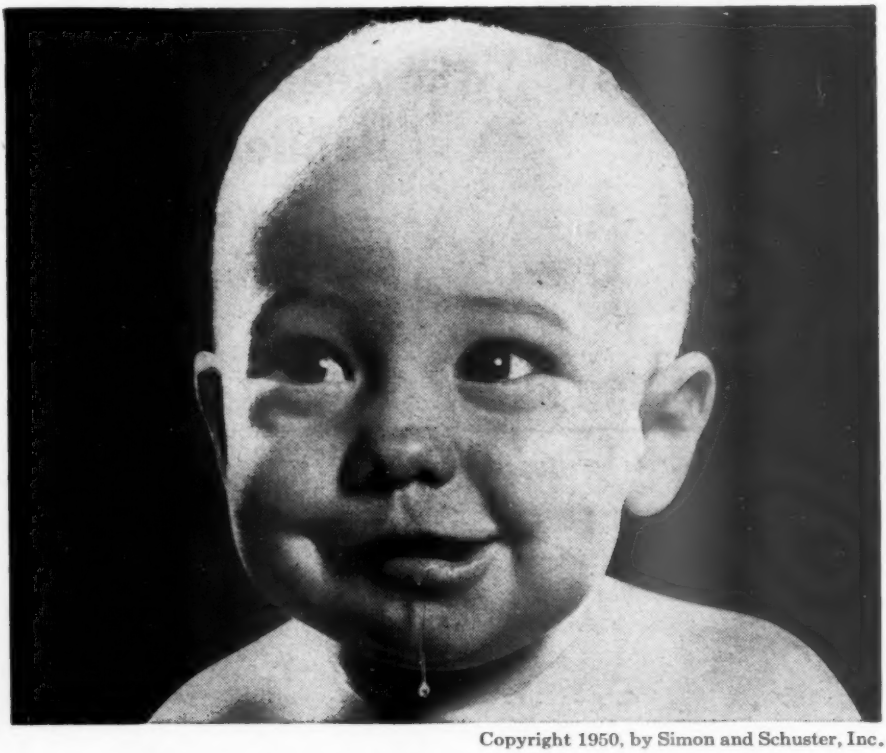

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ASS'T DIRECTOR OF NURSES & CLINICAL CO-ORDINATOR: Nursing Arts Instructor. 300 bed nonprofit hospital located in beautiful southern seaport city, 20 mins. to beach, population 50,000. Attractive salary and full maintenance, Straight 8 hr. day, 44 hr. week, liberal vacation and sick leave. For information write Director of Nurses, James Walker Memorial Hospital, Wilmington, N.C.

ASS'T DIRECTOR OF NURSING: New addition to hospital completed. College town, only 1 hr. from San Francisco. Liberal salary and personnel policies, including 40 hr. week. Baccalaureate degree in nursing and experience in administration or supervision. Write Director of Nursing, San Jose Hospital, San Jose, Calif.

ASS'T DIRECTOR NURSING EDUCATION: Position open September 1953, 500 bed hospital, 250 student nurses. Salary open depending on experience and qualifications. Paid vacation, 28 days, sick leave, 14 days, 40 hrs. a week, 5 legal holidays. Apply to Director of Nursing University Hospital, Augusta, Ga.

ASS'T DIRECTORS, NURSING SERVICE: 3 positions, day, evening and night in 150 bed new general hospital. Salary open. Liberal personnel policies. Apply via Air Mail to Director, Nursing Service, Salinas Valley Memorial Hospital, P.O. Box 456, Salinas, Calif.

CLINIC, COLLEGE, COURIER, INDUSTRIAL, OFFICE: (a) Clinic, 12 Board men, Southern town, 20,000. (b) College, co-educational, univ. & resort town, SW. (c) Courier nurses, transcontinental. (d) Industrial, duties include personnel work, Chicago. (e) Office nurse by G.P. Univ. town, MW. RN3-3 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

COLLEGE NURSES: (a) RN with some institutional exp. to manage univ. clinic, wonderful climate, SW. (b) Direct volunteer work in univ. hosp., continual contact & pub. relations work. Very interesting. Lovely univ. town, Central. (c) Liberal Arts college. Teaching exp. desirable, attractive town, Central. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

DIRECTOR OF NURSING: 100 bed approved pediatric hospital. B. S. Degree in Nursing. Full paid staff, graduates and practicals, nurses aide training program. 40 hr. 5 day week, living accommodations, salary open. Submit resume in detail stating qualifications and experience to Mr. D. O'Neill, Director, Babies' Hospital, 15 Roseville Ave., Newark, N.J.

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EDUCATIONAL DIRECTOR: Degree required, experience desirable. Salary open, attractive. School averages 75-80. Apply Director of Nursing, Franklin Hospital, San Francisco 14, Calif.

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GEN'L DUTY: (a) Indus. hosp. $300 plus overtime plus room and uniform ldry. Board at hosp, $30. Arizona. (b) Small gen. hosp. $300. Coastal town, Calif. (c) Sanatorium. $315. Mich. (d) For pediatric, O.R., OB, Med. & Surg. floors & central supply services, priv. gen. hosp. 125 beds. $255. $15 eve. & nights. Lovely twn 30,000. Wash. (e) Group 6 specialists with own 30 bed hosp. $300. Ky. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

GENERAL DUTY: (a) Gen'l 200 bed hosp. affil. important clinic. Univ. center, So. (b) Hosp. & clinic, Amer. co., foreign country. $350, living allowance, $220. (c) Gen'l hosp., airbase, 26 men to each woman. Calif. RN3-6 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

GENERAL DUTY, HEAD NURSES & WELL PREPARED SUPERVISORS: 40 hr. week, 28 days vacation, 14 days sick leave, 5 holidays, excellent salary plus laundry service and sick benefits. Apply to the Director of Nursing Service, University Hospital, Augusta, Ga.

GENERAL DUTY NURSES: For 200 bed General Hospital. Beginning salary $175 with $5 increase every 6 months for 2 years. Differential of $15 for P.M. and night duty. 3 weeks paid vacation, 12 days sick leave, 4 holidays. Meals and laundry of uniforms. A warm southern community offering the cultural advantages of a large city but maintaining friendly quiescence. Apply to Director of Nursing Service, The McLeod Infirmary, Florence, S.C.

GENERAL DUTY NURSES: Eligible for registration in Michigan. 40 hr. week, 7 paid holidays per year, 2 week vacation, 2 weeks sick leave, retirement. Laundry furnished. Salary $287.50 to $317.50. Apply Superintendent of Nurses, Pontiac General Hospital, Pontiac, Mich.

GENERAL DUTY NURSES: For new 30 bed hospital located in college town of 6,000 population in southwestern Wisconsin. Laundry furnished, 44 hr. week, beginning salary $285, increases 6 months and 1 year. Differential for 3-11 and 11-7. Apply Administrator, Platteville Municipal Hospital, Platteville, Wis.

GENERAL DUTY NURSES: For 120 bed hospital. Starting salary $215 plus full maintenance. Surgical Nurses: Starting salary, $225. Additional $10 for evening and night duty for month. Regular increases. Nurses'

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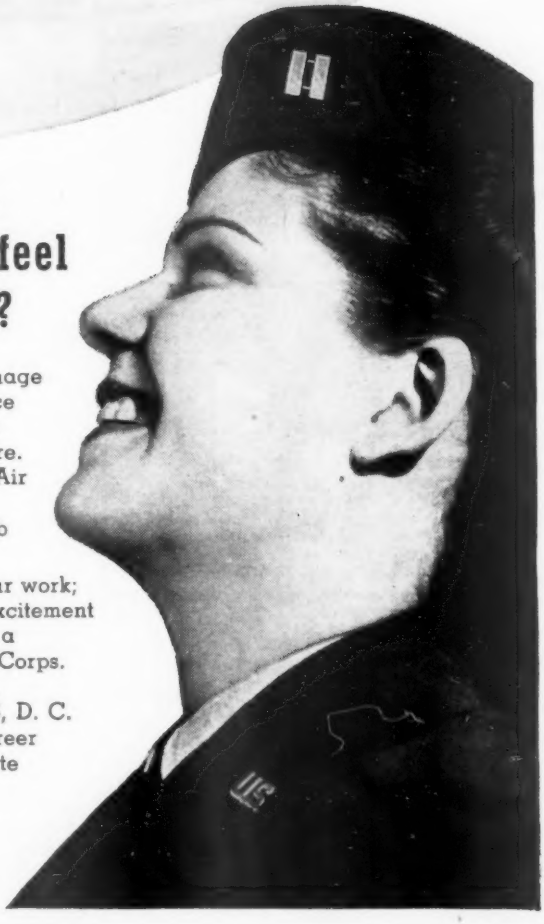

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home recently redecorated and refurnished. Liberal personnel policies. Hospital approved A.C.S. Southern Wyoming community of 12,000. Write or wire Director or Nurses, Memorial Hospital, Rock Springs, Wyo.

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GENERAL DUTY NURSES: 75 bed general hospital in Southern California. 40 hr., 5 day week. Prevailing salaries paid. Full maintenance available. Apply Director of Nurses, Redlands Community Hospital, Redlands, Calif.

GENERAL DUTY NURSES: New 82 bed hospital. 40 hr. 5 day week, prevailing salaries paid. Vacancies all shifts, medical surgical and obstetrical services. For detailed policies write Director of Nurses, Mercy Hospital, Redding, Calif.

GENERAL DUTY NURSES: 40 bed new general hospital, college town, resort area. Salary starts at $210 plus meals and laundry of uniforms, $5 increase at 3 and 6 months. Retirement plan, bonus for night shift. Choice of rotating shifts or 11-7. Two weeks vacation with pay, sick leave, 6 holidays per year. Robert Houfek, Supt, Ripon Municipal Hospital, Ripon, Wis.

GENERAL DUTY NURSES: For 114 bed general hospital. Beginning gross salary $242 plus meals and uniform allowance. $10 evening and night bonus. 3-11 and 11-7 positions available. Apply Paul O. Huth, M.D., Supt., St. Francis Hospital, Cambridge, Ohio.

GENERAL DUTY NURSES: For 650 bed hospital central Calif. Salary $273-$320 per mo. 40 hr. week, liberal vacation, holiday & sick leave plan. Apply Personnel Office, 510 E. Market, Stockton, Calif.

GENERAL DUTY AND OPERATING ROOM NURSES: For 345 bed maternity hospital 30 minutes from midtown Manhattan. Salary $2300. Excellent maintenance in addition to salary, 40 hr. week, 12 holidays and 14 days illness allowed annually. Vacation 14 to 28 days according to position and length of service. County pension plan. Opportunity for promotion and professional growth. Apply Director of Nurses, Margaret Hague Maternity Hospital, 88 Clifton Place, Jersey City, N.J.

GENERAL DUTY STAFF NURSES: Positions available in all hospital areas. For information concerning personnel policies contact Director of Nursing, Geisinger Memorial Hospital, Danville, Pa.

GENERAL STAFF NURSES: For 160 bed general hospital, community of 25,000 located halfway between Yellowstone and Denver in the oil capital of the Rockies. Starting salary $253 plus laundry, Then $263, $274, $285, $297 at 6 month intervals, Annual increases thereafter. $10 differential for eves. and nights. Average 44 hr. week, 6 holidays, 2 week's vacation after 1 year, Blue Cross plans available. Social Security required, sick leave at rate of 1 day per mo. available after 6 mos. Comfortable nurses' residence $15 monthly. Meals at cost, cafeteria style. Convenient transportation. Write Director of Nursing Services, Memorial Hospital, Casper, Wyo.

GENERAL STAFF NURSES: For 165 bed general hospital in residential suburb of Chicago. Cash salary $215 for day duty, $225 evening duty and $230 night duty. Full maintenance in addition to salary includes single room in new nurses' residence. $10 increase after 60 days and at regular intervals thereafter. Two to four weeks vacation, 6 holidays, sick time policy. Scrub nurses remuneration for call. Leave of absence with full salary for post-graduate experience. Write Director of Nursing, MacNeal Memorial Hospital, Berwyn, Ill.

GENERAL STAFF NURSES: 250 bed general hospital and 72 bed maternity hospital. Starting salary $265, $5 per month tenure increase for each 6 months of service to a maximum of $295. Social Security, sick leave, prepaid medical and hospital care. $10 additional for afternoon and night shift, $10 additional for delivery room. $20 additional for surgery. Up to 3 weeks vacation at end of 4 years. 7 paid holidays, 8 hr. day, 40 hr. week. Apply to Director of Nurses, Sutter Hospital, Sacramento, Calif.

GENERAL STAFF NURSES: Liberal personnel policies, 40 hr. week. Basic salary $220 with evening and night differential. Annual salary increase. New, well-equipped 150 bed hospital near Sun Valley, Idaho. For further information write Director of Nursing Service, Magic Valley Memorial Hospital, Twin Falls, Ida.

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GRADUATE NURSES: Good personnel policies, 40 hr. week, salary dependent on experience and academic preparation. Opportunity for advancement. Location is near Marquette University. Apply Director of Nurses, Milwaukee Children's Hospital, Milwaukee 3, Wis.

GRADUATE REGISTERED NURSES: For 110 bed general hospital, good salary with full maintenance, private room in beautiful nurses' home. 44 hr. week, plus 2 weeks vacation, 7 paid holidays per year plus 6 days paid sick leave per year. We are located 35 miles from New York, served by the D., L. & W. R. R. and Greyhound Bus Lines. Apply Dover General Hospital, Dover, N.J.

GRADUATE STAFF NURSES: For all services in new 150 bed general hospital. Starting salary $260. 40 hr., 5 day week. Apply Director, Nursing Service, Salinas Valley Memorial Hospital, P.O. Box 456, Salinas, Calif.

GRADUATE STAFF NURSES: Full or part time, 395 bed general hospital. Excellent opportunity for study at Western Reserve University. Starting salary $240-$260 based on experience. Additional salary for operating room nurses. Head nurses, $300 and up. For detailed personnel policies write Department of Nursing, Mount Sinai Hospital of Cleveland, 1800 East 105th St., Cleveland 6, Ohio.

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MALE NURSES: (a) Industrial. Chicago. (b) O.R., orthopedic supervisors and instructors, 200 bed hosp., univ. city. RN3-7 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

NIGHT SUPERVISOR: 40 hr. week, salary dependent upon experience and academic qualifications. Good personnel policies. Location is near Marquette University. Apply Director of Nurses, Milwaukee Children's Hospital, Milwaukee 3, Wis.

NURSE: Mountain Settlement, rural isolated area, 18 bed hospital, resident doctor, 4 nurses, requires additional nurse for general duty. Write Director, Pine Mountain Settlement School, Pine Mountain, Harlan County, Ky.

NURSE ANESHETIST: Approved hospital near Detroit. $400 per month. Overtime after 40 hours per week. Living quarters available. Wyandotte General Hospital, Wyandotte, Mich.

NURSE ANESTHETIST: No nights or weekends. Salary $350 monthly, plus maintenance. State age, training and experience. Apply Superintendent, New York Eye and Ear Infirmary, 218 2nd Ave., New York 3, N.Y.

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NURSES: Registered, for staff positions. Liberal personnel policies. 40 hr. week. Salary $2912 to $3328. Regular increments. Day Nursery for children of nurses. Fully approved. College affiliation. 300 beds. Near New York and accredited universities. Apply Saint Barnabas Hospital, 685 High St., Newark, N.J.

NURSES: For 58 bed hospital, June 15 to October 1. See and enjoy beautiful Bar Harbor, gateway to Acadia National Park. Write for detafls and application. Mt. Desert Island Hospital, Bar Harbor, Me.

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NURSES: General Duty, for 30 bed hospital 35 miles from New York. Excellent salary. Apply Administrator, Tuxedo Memorial Hospital, Tuxedo Park, N.Y.

NURSES: General Hospital, 236 beds, new building, modern equipment. 30 miles from New York City. Liberal personnel policies. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N.J.

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OPERATING ROOM: Scrub nurse position available. For information regarding policies contact Director of Nursing, Geisinger Memorial Hospital, Danville, Pa.

OPERATING ROOM NURSE: Experienced. 60 bed general hospital, Carmel by the Sea, California. Salary $280 to start, 5 day week. Pleasant living quarters. Write Peninsula Community Hospital, Box HH, Carmel, Calif.

OPERATING ROOM NURSE: For 110 bed general hospital, good salary with full maintenance. Private room in beautiful nurses' home, 44 hr. week, 2 weeks vacation with 7 paid holidays per year, plus 6 days pay sick leave per year. Extra pay for night calls. We are located 35 miles from New York, served by the D.L.&W.R.R. and Greyhound Bus Lines. Apply Dover General Hospital, Dover, N.J.

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OPERATING ROOM SUPERVISOR: Fully approved 80 bed general hospital, very active department, all-graduate staff, 40 hr. week. Pacific Northwest. Salary open. Box HGS-1 c/o R.N. Magazine, Rutherford, N.J.

OPERATING ROOM SUPERVISOR: And two scrub nurses for 54 bed hospital. One major and one minor Operating Room. No surgery scheduled on Saturday and Sunday. Good salary plus maintenance, increase every 6 months. Paid vacations and sick leave. Apply Superintendent of Nurses, Georgetown County Memorial Hospital, Georgetown, S.C.

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PUBLIC HEALTH: (a) P.H. Nursing Adm. city health dept. $5600-$7000. (b) Rehabilitation nurse, lge. co. New England. (c) Clinic nurse, Alaska. RN3-8 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

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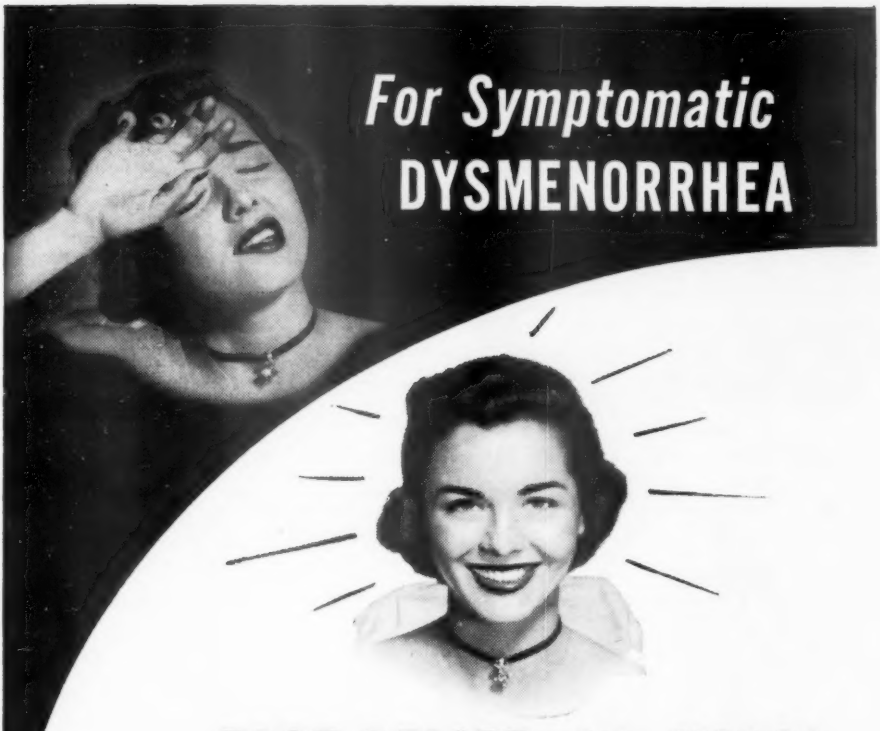

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1. Heimer, C. B., Grayzel, H. G. and Kramer, B.: Archives of Pediat. 68:382, 1951.
2. Behrman, H. T., Combes, F. C., Bobroff, A. and Leviticus, R.: Ind. Med. & Surg. 18:512, 1949.

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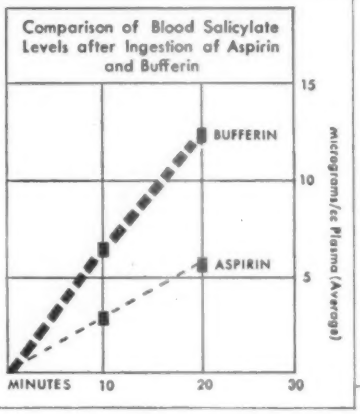

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1. Effect of Buffering Agents on Absorption of Acetylsalicylic Acid. J. Am. Pharm. Assoc., Sc. Ed. 39:21, Jan. 1950

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